

Standby Guardian Form

You do not need to go to court to name someone as a standby guardian for your child. You can name a standby guardian by filling out some simple forms, as long as the other parent of your child agrees to the standby guardianship, or has lost their parental rights by a court order, or has died.

There are other guardianship options in Connecticut if standby guardianship will not work for you. In that case, find an attorney to help you understand your options.

What does a Standby Guardian do?

A standby guardian cares for your child, gets medical care for your child, gives your child food, clothing and shelter, and makes sure your child goes to school. A standby guardian has the legal authority to make medical and educational decisions for your child. The guardianship lasts one year from the time it goes into effect, not the date you sign the forms. If the parent dies, the guardianship expires in 90 days.

Benefits for your Child

A standby guardian can apply to the Connecticut Department of Social Services (DSS) for benefits for your child. You can apply for benefits by calling DSS at 1-855-6-CONNECT. Here are some of the benefits that might apply:

Medical Insurance

The new guardian must make sure your child gets medical care. If your child is a U.S. citizen and gets Husky medical insurance through the State of Connecticut, the child's coverage will usually continue when the new guardianship starts.

Cash Assistance (TFA)

Your child may be able to get cash assistance even if the guardian is not eligible. The guardian can apply on behalf of your child.

Food Stamps (SNAP)

If the guardian qualifies for food stamps, then the guardian can apply to add your child to the food stamp household.

Social Security

If your child gets Social Security disability payments, those will continue. The guardian must fill out papers with the Social Security Administration in order to get the money for your child. Social Security is a federal benefit. You can contact the Social Security Administration at www.ssa.gov.

Standby Guardian Form Instructions

To designate a standby guardian, you will have to fill out the forms on the next four pages. The forms need to be witnessed, but they do not have to be notarized. **YOU DO NOT NEED TO GO TO COURT.** There is no cost to fill out the forms.

➔ Definitions

- ◆ Standby Guardian: The person who agrees to take care of your child if you cannot
- ◆ Principal: You
- ◆ Consenting Parent: Your child's other parent
- ◆ Witness: Someone who is not you, the other parent or the standby guardian.

➔ Step-by-Step Instructions

- ✓ Fill out the form, *Designation of Standby Guardian*
 - ◆ Sign the form in front of two witnesses. Note: The standby guardian cannot also be one of the witnesses.
 - ◆ Each of the witnesses should sign under *Witnesses to Signature of Parent*
- ✓ Have the other parent sign under *Consenting Parent* in front of two witnesses. If your children have different parents, you will need a separate form for each parent.
 - ◆ Each of the witnesses should sign under *Witnesses to Signature of Consenting Parent*
- ✓ Ask the standby guardian to put the completed forms in a safe place. Keep a copy in your Important Documents File and give a copy to your child's school and health care provider.
- ✓ If you need to stay in Puerto Rico to rebuild from recent hurricanes and send your child to Connecticut to reside with a standby guardian, the standby guardian should fill out the form called *Statement that Designation of Standby Guardian is in Effect*. This is the form they will need to show as proof that they are your child's guardian. **This form does NOT need to be filed in court.**

A Standby Guardian Designation is good for one year or until you take back care of your child – whichever comes first.

DESIGNATION OF STANDBY GUARDIAN

STATE OF CONNECTICUT

I, _____, of _____, Connecticut, appoint

(Parent)

(Address)

_____, of _____ as Standby Guardian of my minor children:

(Standby Guardian's name)

(Street/City/State)

_____ (date of birth: _____)

(Child's Name)

_____ (date of birth: _____)

(Child's Name)

_____ (date of birth: _____)

(Child's Name)

This guardianship will take effect when one of the following events happens (check all that apply):

- I have to stay in Puerto Rico to rebuild from recent hurricanes and am sending my child to Connecticut to reside with friends or relatives.
- I die, and the standby guardian has a copy of my death certificate.
- Other event (specify): _____.

The other parent of my child or children named above is:

(Name of other parent)

Check one:

- The other parent consents to this appointment is attached.
- The other parent, _____, is deceased or has been removed as legal guardian of the minor child. A copy of the death certificate or removal order is attached.

I have thought about this designation carefully while my mind is sound.

Signed by:

Parent: _____

Date: _____

WITNESSES TO SIGNATURE OF PARENT

I certify that the person who signed the form above as Principal signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the Standby Guardian.

(Signature of Witness #1)

(Date Signed)

(Address of Witness #1)

(Signature of Witness #2)

(Date Signed)

(Address of Witness #2)

CONSENTING PARENT

I, _____, the other parent of each of the above-named minors, consent to the appointment of the persons designated in this document as the standby guardian of my minor children.

Signature of other parent

Date: _____

Address of other parent

WITNESSES TO SIGNATURE OF CONSENTING PARENT

I certify that the person who signed the form above as other parent signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the Standby Guardian.

(Signature of Witness #1)

(Date Signed)

(Address of Witness #1)

(Signature of Witness #2)

(Date Signed)

(Address of Witness #2)

STATEMENT THAT DESIGNATION OF A STANDBY GUARDIAN IS IN EFFECT

I, _____, living at _____ state,
(name) (address)

under penalty of false statement that:

_____, then living at _____, Connecticut
(parent) (address)

designated me as Standby Guardian of her minor children _____
(name of child)

in a document dated _____.

One of the events listed in that document has occurred and is checked below:

- The parent has to stay in Puerto Rico to rebuild from recent hurricanes and sent his or her child to Connecticut to reside with friends or relatives.
- The parent died. A copy of the death certificate is attached.
- Other: _____.

I understand there are penalties for making a false statement.

(Signature of Standby Guardian)

Signed in the presence of:

(Signature of Witness #1)

(Signature of Witness #2)