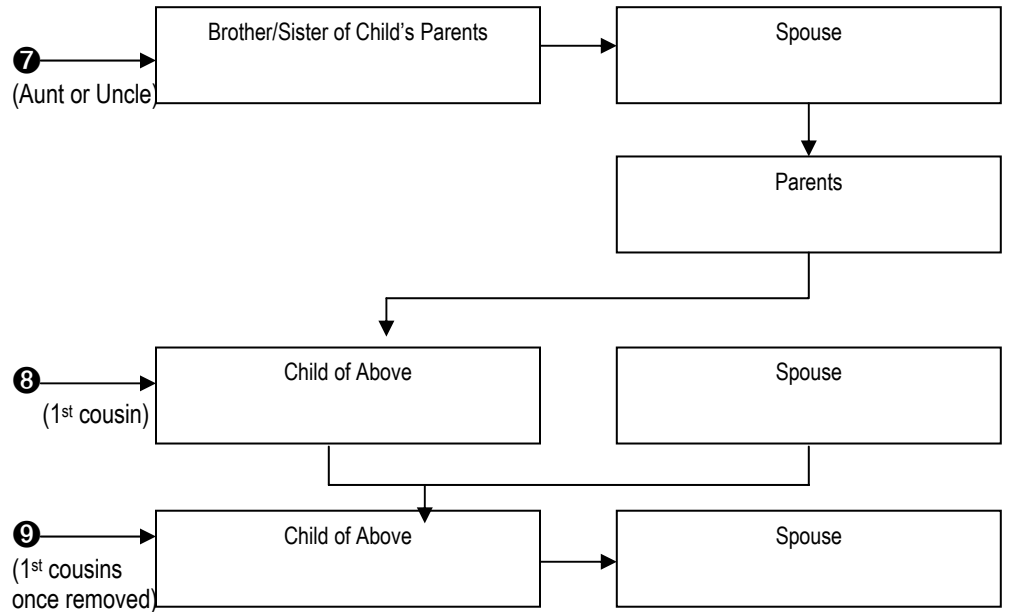
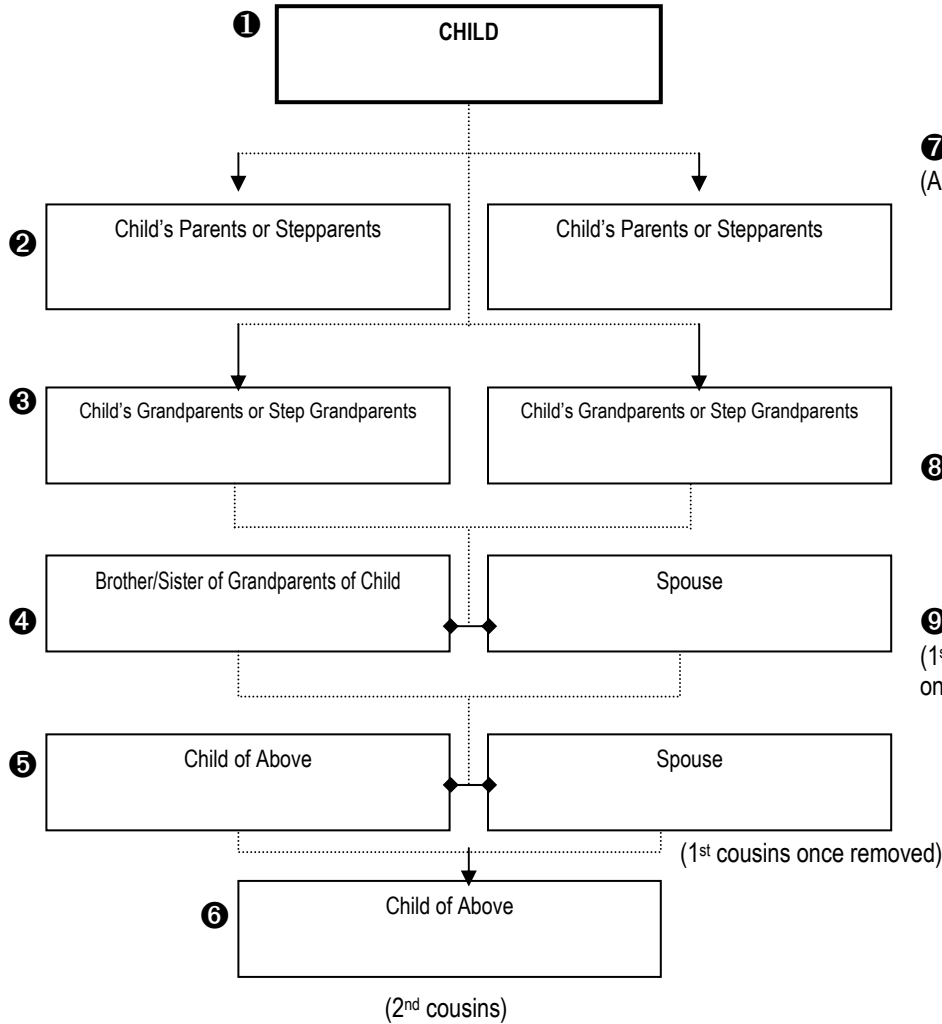


ORIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES  
**AFFIDAVIT OF RELATEDNESS**

I \_\_\_\_\_ declare that I am related to \_\_\_\_\_ based on the following facts:  
 (Person's Name)

**FACTS:** I have knowledge of the above information because of the following reason.



I HAVE KNOWLEDGE OF THE ABOVE INFORMATION BECAUSE OF THE FOLLOWING REASON: \_\_\_\_\_  
 I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS OF FACT ARE TRUE AND CORRECT.

<b>SIGNATURE OF WITNESS</b> X	<b>DATE</b>	<b>COUNTY WHERE SIGNED</b>
<b>SIGNATURE OF AFFIANT</b> X	<b>DATE</b>	

## **INSTRUCTIONS FOR COMPLETION OF DPSS 750A**

The DPSS 750A shall be completed in situations where the caretaker relative is not the parent of a child in the filing unit and relatedness cannot be established through documentary evidence provided by the applicant/recipient.

The applicant/recipient is responsible for completing the information; however, the ET has the responsibility to assist the applicant/recipient whenever necessary.

### **DETAILED INSTRUCTIONS:**

The applicant/recipient declaring relatedness completes the initial statement of the affidavit, providing facts which establish knowledge of relatedness. The facts supporting the statement need only be a clear concise statement of the relationship (i.e. the child's mother is my sister or my father and the child's grandmother are brother and sister.

One affidavit may be completed for more than one child when the children are siblings and have the same mother and father. When the siblings have a different parent, through whom relatedness is established, a separate affidavit must be completed for each child.

**BOX 1** Enter the name of the child or children for whom relatedness is being established.

**BOX 2** Enter the name of the parent or stepparent of the child(ren). The person entered here should be the person through whom the line of relatedness begins.

IF THE RELATIONSHIP IS TO BE ESTABLISHED THROUGH THE GRANDPARENT, COMPLETE BOXES 3 – 6.

IF THE RELATIONSHIP IS TO BE ESTABLISHED THROUGH A SIBLING (BROTHER OR SISTER) OF THE PARENT OR STEPPARENT, COMPLETE BOXES 7 – 9.

**BOX 3** Enter the name of the maternal (mother), paternal (father) or step-grandparent through whom the line of relatedness is being established.

**BOX 4** Enter the name of the grandparent's brother or sister through whom relatedness is being established. Also enter the name of the brother's or sister's spouse.

**BOX 5** Enter the name of the child of the person listed in box 4 through whom relatedness is established. Also enter the name of that person's spouse.

**BOX 6** Enter the name of the child of the person listed in box 5 through whom relatedness is established. Also enter the name of that person's spouse.

**BOX 7** Enter the name of the brother or sister of the parent or stepparent of the child(ren) for whom relatedness is being established. Also enter the name of the spouse of the person identified here.

**BOX 8** Enter the name of child of the person listed in box 7, through whom relatedness is being established. Also enter the name of that person's spouse.

**BOX 9** Enter the name of the child of the person listed in box 8, through whom relatedness is being established. Also enter the name of that person's spouse.

SIGN AND DATE THE FORM. ENTER THE COUNTY WHERE SIGNED. THE ET MUST WITNESS THE SIGNATURE. THE ET MUST SIGN AND DATE THE FORM.