

**HOST FAMILIES ACT POWER OF ATTORNEY TO
DELEGATE PARENTAL OR LEGAL CUSTODIAN POWERS**
Pursuant to K.S.A. 38-2401 et seq

1. I certify that I am the parent or legal custodian of:

(Full name of minor child) (Date of birth)

(Full name of minor child) (Date of birth)

(Full name of minor child) (Date of birth)

2. Pursuant to the Host Families Act, K.S.A. 38-2401 *et seq.*, I designate _____

(Full name of Attorney(s) in fact),

(Street address, city, state and zip code of Attorney

(s) in fact), _____

(Personal phone of Attorney(s) in fact),

(Work phone of Attorney(s) in fact), as

my attorney(s) in fact to exercise parental authority over each minor child named above.

3. *Check paragraph that applies.*

- I delegate to the attorney(s) in fact my power and authority regarding the care and custody of each minor child named above, including, but not limited to, the right to enroll the child in school; the right to inspect and obtain copies of education records, medical and dental records, and other records concerning the child; the right to attend school activities and other functions concerning the child; and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the child. This delegation does not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

OR

- I delegate to the attorney in fact the following specific powers and responsibilities (write in):

This delegation does not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

4. *Check paragraph that applies.*

- This power of attorney is effective for a period not to exceed one year, beginning _____, 20____, and ending _____, 20____. I reserve the right to revoke this power of attorney at any time.

OR

- I am a serving parent in the military or other governmental service as defined in the Host Families Act. My active duty is estimated to be completed on _____. This power of attorney is effective for the duration of my active duty term plus 30 days. I reserve the right to revoke this power of attorney at any time.

PARENT/LEGAL CUSTODIAN SIGNATURE

Parent/legal custodian signature

Printed name of parent/legal custodian

State of _____

County of _____

ACKNOWLEDGMENT

Signed or attested before me on ____ day of _____, 20 ____, by

(Name of parent/legal custodian).

Signature of notarial officer

Title

My appointment expires: _____

ATTORNEY IN FACT SIGNATURE

I accept my designation as attorney in fact as specified in this power of attorney to exercise parental authority over _____

(Name(s) of minor child(ren)).

Attorney in fact signature

Printed name of Attorney in fact

ACKNOWLEDGMENT

Signed or attested before me on ____ day of _____, 20 ____, by

(Name of attorney in fact).

Signature of notarial officer

Title

My appointment expires: _____

ATTORNEY IN FACT SIGNATURE
(if multiple attorneys in fact appointed)

I accept my designation as attorney in fact as specified in this power of attorney to exercise parental authority over _____

_____(Name(s) of minor child(ren)).

Attorney in fact signature

Printed name of Attorney in fact

State of _____

County of _____

ACKNOWLEDGMENT

Signed or attested before me on ____ day of _____, 20 ____, by

_____(Name of attorney in fact).

Signature of notarial officer

Title

My appointment expires: _____

Authority

K.S.A. 38-2401 *et seq*
L. 2016, ch. 102, § 3.

Notes on Use

This power of attorney is to be used only in connection with the Kansas Host Families Act. This power of attorney form is to be completed by the parent or legal custodian of the child(ren) working with a child placement agency's host families program. All requirements of the Host Family Act, such as background checks, screenings, the consent of all individuals who have legal custody of each child, must be fulfilled or this power of attorney may be voidable. The statute contemplates that a "host family" may be one or more individuals; therefore, this form provides space for multiple attorneys in fact to be named and for their signatures.

The power of attorney used by the child placement agency administering the program must substantially comply with this form. The child placement agency may wish to add the agency's contact information and more information about the specific program's procedure for revocation of the power of attorney.