



Kansas Immigrant Safety Plan for Youth and Children

See Appleseed's **Deportation Preparation Manual for Immigrant Families: Make a Plan to Protect Your Kids and Finances in the Face of Deportation** for more, available at www.deportationpreparation.org.

Table Of Contents

Custodial Options for Family Planning in Kansas

- Option 1: Informal Caregiver Authorization Affidavit
- Option 2: Host Families Act Power Of Attorney To Delegate Legal Custodian Powers
- Option 3: Voluntary Transfer of Custody

Sample Forms and Petitions

- Caregiver Authorization Affidavit
- Petition For Voluntary Transfer Of Custody

Obtaining Birth Certificates

- Who can order a Kansas birth certificate?
- Where can you obtain a birth certificate?

Immunizations

- How to obtain immunization records:

Consulates in Kansas

To see the most current version of Appleseed's deportation preparation resources, as well as translations, visit deportationpreparation.org.

Custodial Options for Family Planning in Kansas

If you live in Kansas and need someone else to have the authority to care for your child when you cannot be there, you have three main choices. Each choice gives the person caring for your child different rights and responsibilities.

The best option depends on your expected length of absence and how much authority the caregiver needs. In some situations, a parent may arrange informally for a friend or relative to care for a child during a temporary period caused by financial, emotional, or health issues, or because the parent will be away.

In such informal arrangements, however, the third person has no legal right or power to obtain care for the child. When a parent wants a third person to care for a child, the parent should provide a temporary formal or informal grant of authority so the child's health, educational, and welfare needs can be met.

Option 1: Informal Caregiver Authorization Affidavit

When should this option be considered?

Use it when you are unavailable for an emergency or for a short period of time and need another adult to handle everyday school and health matters for your child. The child must be living with the caregiver for this option.

What is it and what powers will it give the caregiver?

It is a short, signed statement by the caregiver that allows the caregiver to make basic decisions about school and routine medical care. It does not give the caregiver legal custody. Schools and healthcare providers may choose whether to accept this form.

How does this option affect my parental rights and authority?

Your rights stay the same. You can return at any time and override any decisions made by the caregiver.

Who needs to sign the form? Does it need to be notarized?

Only the caregiver signs. No parent/guardian signature or notary is required.

How can parents and caregivers use the form?

Give a copy to the child's school, doctor, or clinic. Keep a copy with you and give one to anyone else who needs to trust the caregiver's decisions.

For how long is the form valid?

No specific timeframe is stated under Kansas law; however, it is recommended to limit the duration to one year or less.

Can this option be canceled or changed by the parent?

Yes. Because you never gave up legal custody, you can end it at any time.

Are there any costs associated with this option?

No filing or notary fees.

Any other considerations?

Some schools, doctors or other institutions may not accept the form. If that happens, a power of attorney (Option 2) is more likely to be accepted.

Option 2: Host Families Act Power Of Attorney To Delegate Legal Custodian Powers

When should this option be considered?

This option should be used when you are unable to care for your child for a temporary, but longer period of time. It offers the caregiver broader powers than a Caregiver Authorization Affidavit because it is a temporary transfer of legal custody.

What is it and what powers will it give the caregiver?

It is a notarized letter that lets a trusted adult make decisions for your child for a limited time. The caregiver can handle school matters, medical care, and day-to-day needs, as you allow in the document. This power of attorney is used only with the Kansas Host Families Act and must be completed by a parent or legal custodian working with a child placement agency's host families program.

How does this option affect my parental rights and authority?

You stay the parent. This does not take away your rights or the other parent's rights, and any court order still rules. You can cancel it at any time.

Who needs to sign the form? Does it need to be notarized?

For a host family placement, everyone who has legal custody must agree. Get it notarized so others will accept it.



How can parents and caregivers use the form?

Give copies to the child's school, doctor, dentist, and anyone else who needs proof of the caregiver's authority to make decisions. Keep extra copies in a safe place. There is no need to file it with the court.

For how long is the form valid?

Up to one year, unless you write in a shorter time. You can renew it once for one more year.

Can this option be canceled or changed by the parent?

Yes. You can cancel it in writing at any time and tell anyone who has a copy. If you revoke it, the child should be returned to you as soon as reasonably possible.

Are there any costs associated with this option?

It is possible that there are notary fees associated with this option.

Any other considerations?

Some districts still require court-ordered guardianship if the child is not living with a parent.

Link to form:

- [Host Families Act Power of Attorney – K.S.A. 38-2403](#)
- [Kansas Department of Children and Families for Placement Services](#)

Option 3: Voluntary Transfer of Custody

When should this option be considered?

Choose this option if you expect to be gone or unable to care for your child for an extended period, or if third parties require a court order for the caregiver to act. If the child will be with the third party for an extended period, you should arrange for a voluntary guardianship of the child.

What is it and what powers will it give the caregiver?

It is a court order appointing a guardian with authority similar to a parent to make major and minor decisions for the child. As guardian, the third party has the rights granted by statute, including the power to assure medical and non-medical remedial care and services and otherwise protect the safety, health, and welfare of the child.

How does this option affect my parental rights and authority?

A court order controls custody and decision-making during the guardianship. Parents generally retain the right to ask the court to modify or end the guardianship when circumstances change.

Who needs to sign the form? Does it need to be notarized?

A petition is filed in court. At least one legal parent typically signs the petition or provides consent. The proposed guardian signs an acceptance. Court hearings are usually required.

How can parents and caregivers use the form?

After the judge signs the order, provide certified copies to schools, doctors, insurers, and others who need proof of authority. Keep the original court papers safe.

For how long is the form valid?

Until the date set by the court or until the child turns 18, unless modified earlier by the court.

Can this option be revoked or changed by the parent?

This option can only be revoked or changed by returning to court and asking the judge for a new order. This is not an instantaneous process.

Are there any costs associated with this option?

Court filing fees, possible attorney fees, and costs for certified copies may apply to this option.

Any other considerations?

Because it is a court order, schools, agencies, and other institutions must accept it.

Link to form:

- [Kansas Guardianship Statute](#)

Sample Forms and Petitions

Samples of the form or petition for each of these custodial arrangements appear on the following pages.



Caregiver Authorization Affidavit

INSTRUCTIONS:

- Completion of items 1 through 4 and the signing of the affidavit are sufficient to authorize educational services and school-related medical services for the named child.
- Completion of items 5 through 8 is required to authorize any other medical services.
- Item 5 must be checked.
- Please print or type clearly.

The child named below lives in my home and I am 18 years of age or older.

1. Name of child: _____
2. Child's date of birth: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. I am a non-legal custodian.
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - I have advised the parent(s) or legal custodian(s) of the child of my intent to authorize the rendering of educational or medical services, and have received no objection.
 - I am unable to contact the parent(s) or legal custodian(s) of the child at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My Kansas driver's license or identification card number: _____

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of Kansas that the foregoing is true and correct.

Signed: _____

Date: _____



NOTICES:

1. This declaration does not affect the rights of the child's parent or legal guardian regarding the care, custody, and control of the child, and does not mean that the non-legal custodian has legal custody of the child.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION: _____

TO NON-LEGAL CAREGIVER:

1. If the child stops living with you, you are required to notify anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
2. If you do not have the information in item 8 (Kansas driver's license or identification card), you must provide another form of identification such as your social security card number.

TO SCHOOL OFFICIALS:

The school district may require additional reasonable evidence that the non-legal custodian lives at the address provided in Item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a non-legal custodian's affidavit to render educational or medical services, without actual knowledge of facts contrary to those stated in the affidavit, is subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

**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



Kansas Safety Plan

December 2025

€ 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: _____



Kansas Safety Plan

December 2025

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 parent/legal custodian).

Signature of notarial officer

Title

My appointment expires: _____



Kansas Safety Plan

December 2025

ATTORNEY IN FACT SIGNATURE *(if multiple attorneys in fact are 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

ACKNOWLEDGMENT

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

(Name of parent/legal custodian).

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.



Petition For Voluntary Transfer of Custody

In the District Court of _____ County, Kansas

In the Matter of the Guardianship of:

_____, a minor.

Case No. _____

1. Petitioner. Name and address of Petitioner(s): _____

2. Minor. The minor, _____ (full name), born _____ (DOB), with permanent residence at _____, is now residing or present at _____ (if different).

3. Five year residence history. Places the minor has lived during the last five years, and the names and present addresses of the persons with whom the minor lived: _____

4. Venue statement (if nonresident of filing county). If the minor is a nonresident of this county, it is in the best interests of the minor or in the interests of justice for these proceedings to take place here because: _____

5. Need for guardianship. Petitioner believes the minor is in need of a guardian. Factual basis: _____

6. Interested persons and agencies. Names and addresses of any spouse of the minor, any natural guardian, any grandparent, any person nominated by a natural guardian to be guardian, any child of the minor, any permanent custodian under K.S.A. 38 2269, any fiduciary appointed for the minor, and any other person or agency having or claiming rights to legal/physical custody or visitation, or who has assumed responsibility for or care of the minor, and how the minor came into such person’s or agency’s care or control:



Petitioner has made diligent inquiry and is unaware of additional names/addresses.

7. Other proceedings. List all court proceedings affecting the minor (custody/visitation, domestic relations, juvenile, adoption, or other), and any attorney for the minor:

Petitioner has made diligent inquiry and is unaware of additional proceedings.

8. Property and income. In general terms, the location, type, and value of any real or personal property of the minor, including the amount and sources of income:

Petitioner has made diligent inquiry and lacks additional information.

9. Witnesses. Names and addresses of witnesses by whom the truth of this petition may be proved:

10. Proposed guardian. Name, age, date of birth, gender, address, place of employment, and relationship to the minor (if any) of the proposed guardian, and any personal or agency interest that may be perceived as self serving or adverse to the minor:

11. Co guardians (if requested). Reasons for co guardianship and whether co guardians should act independently, only in concert, or only in concert for specified matters:

12. Scope of guardianship. Petitioner requests a guardianship of the person with authority to make decisions regarding the minor's health, education, and welfare. If limited guardianship is appropriate, Petitioner proposes the following limits:

Kansas Safety Plan

December 2025

13. Plan (optional or as required). A proposed guardianship plan under K.S.A. 59 3076 is

attached / not attached at this time.

14. Request for relief. Petitioner requests that the Court determine the proposed ward is a minor in need of a guardian, enter appropriate orders under K.S.A. 59 3063 and 59 3065, appoint _____ as guardian, issue Letters of Guardianship, and grant such other relief as is just.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Petitioner Signature: _____

Printed Name/Address/Phone/Email: _____

Petitioner Signature (if any): _____

Printed Name/Address/Phone/Email: _____

Verification and Notary

State of Kansas

County of _____

Subscribed and sworn before me this ____ day of _____, 20,

by _____.

Notary Public: _____

My Commission Expires: _____

Acceptance of Appointment

I, _____, accept appointment as guardian of the minor and consent to serve, subject to the Court's orders and reporting requirements.

Signature: _____ Date: _____



Obtaining Birth Certificates

Kansas is a closed record state for birth certificates. Certified copies are available only to eligible requestors with a valid reason and proper identification.

Who can order a Kansas birth certificate?

- The person named on the certificate (if 18 or older).
- Parent(s) or legal guardian(s) of the person named on the certificate.
- Immediate family members as permitted by policy.
- Legal representatives and others with a direct interest and authorization.

Where can you obtain a birth certificate?

- In Person
 - Kansas Department of Health and Environment (KDHE), Office of Vital Statistics in Topeka. Bring valid ID and required information.
- Mail
 - Submit a completed application with copies of acceptable ID to the KDHE Office of Vital Statistics.
- Internet, Fax, Telephone
 - VitalChek

Note: Processing times vary by method and time of year. If you are not a parent or the person named on the record, you may be asked to provide a court order or other legal documentation showing your authority to obtain the record.

Immunizations

Kansas residents can access immunizations through their healthcare providers and local health departments. Vaccination records for children are usually maintained by the child's doctor and may also be available through the Kansas immunization information system.

How to obtain immunization records:

- Contact your child's healthcare provider to request the official vaccination record.
- Contact your local county health department; many can provide copies if the child's records are in the state system.
- If needed, ask for a copy suitable for school or childcare enrollment.

Note: Schools and childcare providers in Kansas require proof of certain immunizations. If records cannot be located, a healthcare provider can review and update vaccinations and create a new record based on current immunization needs.

Consulates in Kansas

The following consular offices and resources commonly serve Kansas residents. Always verify current locations, hours, and appointment requirements with the consulate’s official website or by phone before visiting.

Country	Address	Contact Information
Mexico	Consulate of Mexico	Kansas City, Missouri
El Salvador	Consulate of El Salvador	Kansas City, Missouri
Guatemala	Consulate of Guatemala	Oklahoma City, Oklahoma or Denver, Colorado
Honduras	Consulate of Honduras	Chicago, Illinois or Houston, Texas
Dominican Republic	Consulate of the Dominican Republic	Chicago, Illinois
Brazil	Consulate-General of Brazil	Chicago, Illinois
Peru	Consulate of Peru	Denver, Colorado
Colombia	Consulate of Colombia	Chicago, Illinois
Venezuela	Consular services typically via regional posts	Chicago, Illinois
Ecuador	Consulate of Ecuador	Chicago, Illinois
Argentina	Consulate-General of Argentina	Chicago, Illinois
Chile	Consulate of Chile	Chicago, Illinois
Canada	Consulate General of Canada	Denver, Colorado
United Kingdom	British Consulate-General	Chicago, Illinois
France	Consulate General of France	Chicago, Illinois
Germany	Consulate General of Germany	Chicago, Illinois
India	Consulate General of India	Chicago, Illinois
Philippines	Consulate General of the Philippines	Chicago, Illinois
Vietnam	Consulate General of Vietnam	Houston, Texas
China (PRC)	Consulate General of China	Chicago, Illinois
Korea (Republic of)	Consulate General of the Republic of Korea	Chicago, Illinois
Japan	Consulate-General of Japan	Chicago, Illinois

Note: Some countries operate mobile consulates that periodically visit Kansas. Check the consulate’s official communications for mobile service schedules in Kansas.

