

Other Primary Caregiver (OPC) Form – 2024-25 School Year

Use this form to verify that the enrolling student is under the care of "Other Primary Caregiver." School officials should only collect this form if the person enrolling the student is *NOT* the parent, legal guardian, or court appointed custodian of the student and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.

Step One: Determine if you are an OPC.

An "Other Primary Caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. OPCs must establish DC residency as required on the DC Residency Verification Form, in addition to establishing his/her status as an "Other Primary Caregiver." See reverse for definition of care or control and substantial support.

Step Two: Provide information about your OPC status.

| Student First Name: | | Student Last Na | Student Last Name: | | |
|--|-------------------------------------|----------------------------|--|------------------------------------|--|
| OPC First Name: | | OPC Last Name: | OPC Last Name: | | |
| OPC Address: | | | | Apt#: | |
| City: | | State: | | ZIP: | |
| Relationship to enrolling student: | | Date student sta | Date student started residing with OPC: | | |
| Verify OPC status (check all that app | ly): | 1 | | | |
| I provide care or control for the enrolling student I provide substantial support for the enrolling student | | □Enrolling stude | \Box Enrolling student resides with me, the other primary caregiver | | |
| Step Three: Provide informa | tion about the parent | t/legal guardian | l . | | |
| Full Name of Parent/Legal Guardian: | | | | | |
| Address of Parent/Legal Guardian: | | | | | |
| City: | State: | ZIP: | Phone: | | |
| The parent or legal guardian is unable to provide primary care and substantial support because of the following serious family hardship (check any that apply): | | | | | |
| Other Primary Caregiver SIGN HERE: | | | Date: | | |
| SCHOOL OFFICIAL USE ONLY | Complete the area below to co | onfirm school verification | on of other primary car | egiver status. | |
| I reviewed the OPC status as specified ab and substantial support due to serious fa status: | | • | 00 | | |
| □Records from the previous school year GC | | Government of the D | nexpired official documentation from the federal government or the overnment of the District of Columbia testation for Other Primary Caregiver | | |
| I certify, under the penalties of perjury, the true to the best of my knowledge, inform made available to OSSE, external auditors Attorney General, upon request. | ation, and belief. I also affirm th | at all supporting docur | mentation to this form | will be retained by the school and | |
| School Official Name (print): | | Signature: | | Date: | |

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| OPC must submit one of the documents identified below to verify the other primary caregiver status. | | | | |
|---|--|--|--|--|
| Methods | A completed and signed sworn statement indicating that he/she is the primary caregiver for the student. Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card. Immunization or medical records issued within the last 12 months immediately preceding the school's review of the residency documentation, indicating that the student is in the care of the caregiver. Unexpired official documentation from the federal government or the Government of the District of Columbia with an issue date within the last 12 months immediately preceding the school's review of residency documentation, indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or Temporary Assistance for Needy Families (TANF) verification of income notice or recertification approval letter. An attestation for OPC completed and signed by a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last 12 months immediately preceding the school's review of residency documentation. | | | |

Am I an Other Primary Caregiver?

5A DCMR § 5099 states that an Other Primary Caregiver (OPC) is a person, other than the enrolling student's parent or court appointed custodian or guardian. The enrolling student must *reside* with the OPC and the OPC *must provide the student with guidance, maintenance, physical care and support*. In addition, the student's parents, guardians, or custodians are unable to provide the student primary care and substantial support due to serious family hardship. If you do not provide guidance, maintenance and physical care, and the student's parents, guardians, or custodians, or custodians do not suffer from a serious family hardship, you do not qualify as an OPC. Do you provide the following items in the table below?

| Support | When the OPC is exercising <i>primary</i> responsibility to provide the child with financial resources for the child's livelihood. | |
|---------------|--|--|
| Guidance | When the OPC participates in the responsibility for the child's development on a daily basis: Attending school conferences Disciplining the child Participating in decisions concerning the child's well-being Involvement in the child's extracurricular activities | |
| Maintenance | When the OPC is providing necessities: • Food • Clothing • Shelter | |
| Physical care | When the OPC is providing continuous care for the child by performing tasks required in the child's daily life: Bathing Feeding Dressing Assuring medical attention will be received by the child Preparing meals Supervising the child's activities Assisting with other physical care needs | |