## Local Workforce Development Area Guardianship Form

On this	day,			
			(Adult Petitioner)	
PERSON	VALLY ap	peared before me,(	WIOA Representative)	
			(State of the state of the stat	
guardia	nship fo	r(Youth Applica	and to attest to the following:	
		(Touth Applica	arreg	
1.	i am a n	esident of South Carolina, residing a	at .	
			(Physical Address)	
2.	The Youth Applicant, born/, has resided with me since  The Youth Applicant's relationship to me is			
3.	l have b	een providing shelter and financial	support to the Youth Applicant since	
4.	4. The Youth Applicant resides with me as a result of			
	<u> —</u> а.	the death, serious illness, or incarce	eration of a parent or legal guardian;	
	— b.	<ul> <li>b. the relinquishment by a parent or legal guardian of the complete control of the child as evidenced by the failure to provide substantial financial support and parental guidance;</li> <li>c. abuse or neglect by a parent or legal guardian;</li> </ul>		
	c.			
	d.	the physical or mental condition of provide adequate care and supervise	a parent or legal guardian is such that he or she cannot sion of the child; and/or	
			gal guardian does not have a fixed, regular, and adequate residence that is a shelter or institution that provides	
5.	The spe	cific circumstances which led to this	s living arrangement are as follows:	
Signatur	re:		Date:	
		(Adult Petitioner)		
Signatuı	re:		Date:	
		(WIOA Representative)		