

# Plan for someone else to care for your child if you can't

## **Author**

Northwest Justice Project

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Parents: You can say what you want to happen if you're not available to care for your child under age 18, or their property.

Without going to court, you can give **Power of Attorney (POA) for Parental Powers** to the person who will care for your child. You might need this if you'll be temporarily unavailable. For example, you might be worried about deportation, going to jail or prison, being deployed by the military, or getting long-term medical treatment.

Power of Attorney for Parents is a free, effective alternative to Minor Guardianship that takes much less time when everyone agrees.

Form attached:

**Parents Intention for Care of Minor Child** (NJP Planning 503)

Form attached:

**Durable Power of Attorney for Parental Powers** (NJP Planning 504)

**What is a Parents' Intention form?**

You can use the **Parents' Intention for Care of Minor Child** form so that your wishes are clear about who you want to care for your child if you're not available. For example, if the child is picked up by Child Protective Services and you can't be reached, this form can help CPS avoid placing your child in foster care. There's no guarantee that CPS will follow your wishes, but it's more likely if your wishes are known.

Fill out one form for each child. It includes the name and contact information for your chosen caregiver, and for yourself or someone who can contact you. Give this form to your caregiver and keep a copy with other important papers for the child.

You can also fill out the **Durable Power of Attorney (POA) for Parental Powers** to give your chosen caregiver temporary legal authority to take custody and handle your child's health care, child care, school, activities, travel, and property.

### **What is a Power of Attorney (POA) for parents?**

In Washington State, you can give someone Power of Attorney (POA) when you won't be available or able to care for any children under age 18 for whom you're legally responsible. You can give someone POA for as little as one day or as long as 2 years.

You give someone POA by filling out and signing a **Power of Attorney form**. The person you give POA to is called the "Agent." The POA form says exactly what powers you are giving the agent, and for how long (up to 2 years).

Fill out one POA for each child. Give the POA to your Agent and keep a copy with with other important papers for the child. You can also keep a folded

copy in a plastic bag in your child's backpack for emergencies.

### **Will schools, doctors, and banks honor this POA?**

The POA is a legal document. Schools, doctors, banks, and so on **should** recognize and honor it. If they don't, the person with your POA can ask to speak with their legal department and point out Revised Code of Washington (RCW) 11.130.145 (<https://app.leg.wa.gov/RCW/default.aspx?cite=11.130.145>).

POAs for broad parental powers are still new. Before Washington State passed the POA law in 2020, a parent could sign a power of attorney only to let another person make medical decisions for their children.

### **How long does a POA last?**

This POA can last for up to 2 years from the date it starts. You can have it start immediately, or only if and when you are physically unavailable to care for your child.

After it ends (expires), you may need a new POA, or someone might need to seek a more permanent arrangement. This might include a court order for minor guardianship.

### **Can I cancel the POA if I change my mind?**

Yes! You can cancel (revoke) the POA at any time before the POA expires. You should do this in writing and give a copy of the revocation to anyone who has a copy of the POA to make sure everyone knows it's no longer good (it's *no longer valid*).

### **Who can I appoint as my POA?**

You can appoint any adult. But it's important to **talk to the person** you'll name as caregiver/agent, to confirm that they're willing and able to care for your child for as long as needed. Discuss your wishes with this person and make sure that they understand what they may need to do if you're unavailable. If you have more than one child, you could name different caregiver/agents for each child.

If you can, pick someone who is:

- Over age 18
- Able to take care of the children (emotionally, financially, and however else you want)
- Someone who will carry out your wishes for the children
- Documented (ideally US Citizen)
- Local – able to physically get to the children quickly if needed

If your preferred caregiver/agent is far away, you can also name someone local as an **alternate**, to care for the child until the caregiver can get to them.

### **Who signs it?**

The children's legal parent or parents must sign the POA. If only one parent is signing, explain why in the POA section on "Parent's Authority." It may be less effective if both parents don't sign.

If only one person has been legally established as a parent, then only that parent needs to sign.

The birth certificate should name the child's legal parent or parents. This includes people who:

- Gave birth to a child (except surrogates)
- Signed a valid acknowledgment of parentage
- Have a court order that says they're a parent (parentage or adoption)
- Were married to the birth parent when the child was born (or conceived)

### **Does it need to be notarized?**

It's not required, but it's a good idea. Check with the school, doctor, bank, and so on. Make sure they will accept a POA that hasn't been notarized. For some financial matters or federal agencies, such as Social Security, you may need it notarized.

If you don't have the POA form notarized, you must have two witnesses also sign it. The witnesses can't be your relatives. They can't be your care providers.

### **What if I need the POA to last for more than 2 years?**

You might be able to sign a new POA before the original one expires. The law doesn't necessarily allow for that.

If you don't do this, someone might need to file a court case asking for guardianship of your children.

### **Will the POA be enough for everything my children may need?**

Your children's school or doctor might have their own form to allow other people to access your children's records, pick your children up from school, or get care for your children. Ask about those things and fill them out for your children to make sure you've covered everything.

### **Where should I keep the POA?**

Give the original to the person you named as your Agent in your POA. Give a copy to anyone you named as an alternate.

Keep an extra copy in a file or labeled box with your other important documents for the child. Tell your Agent where to find these important documents in case you can't be reached.

### **What other important papers should I gather for my child?**

Keep a separate file or box for each child's important papers and store it in a safe place in your home. Tell your chosen caregiver/agent or others in your household, such as an older child, where to find these files if needed.

Try to include these papers in each child's file or box:

- Child's birth certificate and social security card
- Child's passport – try to get one if you don't have it already. For dual citizens, try to get a passport from both countries
- Child's school, daycare, or afterschool care contact info and address
- Child's doctor/s and dentist names and contact info
- Child's immunization records – try to get them up to date
- Child's medical records, especially for medications, allergies, disability services, or equipment
- Parents' Intention for Care of Minor Child
- Power of Attorney for Parental Powers
- Any court orders about the child. Examples: Parenting Plan, Protection Order, Parentage Order, Acknowledgment of Parentage
- Death certificate of the other parent, if they've died

This isn't a complete list.

The Legal Counsel for Youth and Children (LCYC) has tips for getting some of these documents and other helpful information on preparing for a parent's possible absence in their **Immigrant Safety Plan for Youth and Children** (<https://lcywa.org/resources/immigration>).

## **If both parents don't agree**

### **I want to give someone POA for my children. What if the other parent doesn't want me to do this?**

Try to talk to a lawyer who does family law. If the child's other parent has the right to time with the children, they might argue that they should have custody, and you shouldn't give POA to a non-parent.

### **I want to give someone else POA because the children's other parent has limited visitation due to their issues. What can I do?**

If you can, try to talk to the other parent before you leave or become unavailable to care for your children. Ask them if they will agree with and sign the POA. If they refuse, fill out the POA section about "Parent's Authority" very carefully.

### **What if my children's other parent is on the birth certificate but has no contact with me or the children?**

If the other parent isn't involved in the children's life, you can do a POA appointing whomever you want in your absence. **But be aware:** the other parent could return and try to get custody of the children. A court could get involved.

**WashingtonLawHelp.org** gives general information. It is not legal advice. Find organizations that provide free legal help on our Get legal help page.

# Parents' Intention for Care of Minor Child

**Use this form** to say what you want to happen if you're not available to care for your child under age 18. You can give Durable Power of Attorney for Parental Powers to the person you name as caregiver in this form. (Use NJP Planning 504).

## 1. Parents and Child

Parent 1 (name) \_\_\_\_\_

Parent 2, if any (name) \_\_\_\_\_

I am / we are the parent/s of (child's name): \_\_\_\_\_

who was born on (child's birthdate): \_\_\_\_\_

We intend that if one parent is not available to care for our child, the other will have custody of the child.

## 2. Caregiver

If no parent or legal guardian is available, I/we intend the child be placed in the residential care of this caregiver:

(Name/s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Alternate (optional).** Until the child can be placed with the caregiver named above, the child can be placed with this alternate:

(Alternate caregiver name/s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## 3. Reuniting

I/we intend for the child to be reunited with me/us wherever I am/we are (even if not in the United States).

## 4. Contact Information

Here is contact information for me/us **or** someone that can contact me/us:

Contact name (if not me/us): \_\_\_\_\_

Preferred language: \_\_\_\_\_

WhatsApp: \_\_\_\_\_ (country)

Other messaging app: \_\_\_\_\_

Other phone (include country code): \_\_\_\_\_

Email: \_\_\_\_\_



Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Acknowledgement**

I am / we are signing of my / our own free will for the purposes stated in this document.

▶ \_\_\_\_\_  
*Signature of Parent 1                      Date*  
*In front of a notary or witnesses*

▶ \_\_\_\_\_  
*Signature of Parent 2 (if any)                      Date*  
*In front of a notary or witnesses*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name (if any)*

**Important!** Parent/s must sign in front of a notary **or** two witnesses. Witnesses must:

- Not be the Caregiver or Alternate
- Not be related to the parent/s by blood, marriage, or state registered domestic partnership
- Not be a care provider for the parent/s (in-home or residential facility)

**Notarization (preferred)**

State of Washington  
County of \_\_\_\_\_

This document was acknowledged before me on (date) \_\_\_\_\_  
by (name/s) \_\_\_\_\_.

▶ \_\_\_\_\_  
Signature of Notary  
Notary Public for the State of Washington.  
My commission expires \_\_\_\_\_.

**Statement of Witnesses (only if you cannot find a notary)**

On (date): \_\_\_\_\_, (name/s): \_\_\_\_\_  
signed this document in my presence. I agreed to witness their signature at their request.

- I am not the Caregiver or Alternate.
- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

**Witness 1**

▶ \_\_\_\_\_  
Signature

Print name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Witness 2**

▶ \_\_\_\_\_  
Signature

Print name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Caregiver's Acknowledgement (Optional)**

I acknowledge receipt of the Parents' Intention for Care of Minor Child and consent to the terms and placement of the child in my care.

▶ \_\_\_\_\_  
*Signature of Caregiver*                      *Date*

\_\_\_\_\_  
*Print name*

▶ \_\_\_\_\_  
*Signature of Alternate (if any)*                      *Date*

\_\_\_\_\_  
*Print name (if any)*

# Durable Power of Attorney for Parental Powers

## 1. Parents and Child

Parent 1 (*name*) \_\_\_\_\_

Parent 2, if any (*name*) \_\_\_\_\_

I am / We are age 18 or older and live in Washington State. I am / we are parent/s of the following child:

(*Child's name*): \_\_\_\_\_

(*Child's date of birth*) \_\_\_\_\_

## 2. Agent

I / We choose (*name/s*) \_\_\_\_\_  
as my / our Agent with the authority described in this power of attorney.

**Alternate (optional).** If the agent named above is unable or unwilling to act, I / we choose (*name*): \_\_\_\_\_ as my / our Agent with the authority described in this power of attorney.

The Alternate's authority is only temporary until the child can be placed with the first person I named as Agent.

## 3. Start Date

This power of attorney is effective (*check one*):

Immediately.

Only if I am / we are physically unavailable to care for the child AND my / our Agent signs a statement explaining how they know this is true.

## 4. End Date

Unless I / we revoke it before it expires, this authorization lasts until (*check one*):

24 months from the start date.

(*Date no later than 24 months after the start date*): \_\_\_\_\_.

If both parents signed, either parent can revoke this power of attorney and end this authorization at any time by telling the Agent in writing that it is revoked..

## 5. Durable

My / our Agent can use this power of attorney even if I / we become sick or injured and cannot make decisions for myself / ourselves.

## 6. Powers. I / We give the Agent the following authority and power:

### a. Residential Care (Custody)

I / We authorize our child to remain in the residential care of the Agent. The address the child will live at is

\_\_\_\_\_

I / We do **not** authorize the child to reside with the Agent.

**b. Health Care**

- HIPAA Release** – I / We authorize my child's healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the Agent.
- I / We give authority to the Agent to make the following health care decisions for the child (*check all that apply*):
  - Get and provide all necessary health care, including but not limited to evaluations and treatment, emergency and routine medical and dental care, early periodic screening, diagnosis and treatment examinations and immunizations as needed.
  - Consent to emergent medical care as is necessary to prevent death or serious injury to the child.
  - Consent to non-emergent medical treatments, including surgery.
  - Consent to mental health care and substance abuse evaluations and treatment as needed and recommended.
  - Manage prescribed and over-the-counter medications and to dispense and delegate dispensing.
  - Other: \_\_\_\_\_  
\_\_\_\_\_
- I / We do **not** authorize health care consent.

**c. Child Care, School, Activities**

- I / We authorize this Agent to make decisions on all other issues regarding the child, including but not limited to (*check all that apply*):
  - Enrolling in child care.
  - Enrolling in school and participating in educational decisions.
  - Enrolling in extracurricular activities, field trips, and camps and signing the necessary releases allowing them to attend.
  - Making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, haircuts, piercings, or tattoos.
- I / We do **not** authorize the following:  
\_\_\_\_\_  
\_\_\_\_\_

**d. Travel**

- I / We authorize the Agent to do the following travel with the child (*check all that apply*):
  - The Agent can take the child out of Washington State for travel with the following restrictions (if any):  
\_\_\_\_\_

The Agent can take the child across international borders, from the United States to (*place/s*): \_\_\_\_\_ with the following restrictions, if any (*examples: for vacation or visits only*): \_\_\_\_\_

The Agent has the right to apply for and renew a passport for the child.

I / We do **not** authorize the following travel: \_\_\_\_\_

**e. Property**

I / We authorize this Agent to make decisions about the child's property, benefits, and money.

I / We do **not** authorize this Agent to make decisions about the child's property, benefits, and money.

**7. Parent's Authority (*check one*):**

Both parents agree and are signing this Power of Attorney.

I am the only parent on the child's birth certificate.

The other parent (*name*) \_\_\_\_\_ has **not** signed this Power of Attorney because (*check all that apply*):

I have sole decision-making authority from a court-ordered Parenting Plan.

It is not safe for me to ask them. I have a protection order against them.

They are incarcerated.

They abandoned the child.

They died.

**8. Other**

\_\_\_\_\_  
\_\_\_\_\_

**9. Acknowledgment**

I am / we are signing of my / our own free will for the purposes stated in this document.

▶ \_\_\_\_\_  
*Signature of Parent 1                      Date*  
*In front of a notary or witnesses*

▶ \_\_\_\_\_  
*Signature of Parent 2 (if any)                      Date*  
*In front of a notary or witnesses*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name (if any)*

**Important!** Parent/s must sign in front of a notary **or** two witnesses. Witnesses must:

- Not be the Agent or Alternate
- Not be related to the parent/s by blood, marriage, or state registered domestic partnership
- Not be a care provider for the parent/s (in-home or residential facility)

**Notarization (preferred)**

State of Washington  
County of \_\_\_\_\_

This document was acknowledged before me on (date) \_\_\_\_\_

by (name/s) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary  
Notary Public for the State of Washington.  
My commission expires \_\_\_\_\_.

**Statement of Witnesses (only if you cannot find a notary)**

On (date): \_\_\_\_\_, (name/s): \_\_\_\_\_  
signed this document in my presence. I agreed to witness their signature at their request.

- I am not the Agent or Alternate.
- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

**Witness 1**

\_\_\_\_\_  
Signature  
Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Witness 2**

\_\_\_\_\_  
Signature  
Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Agent Acknowledgement (Optional)**

I acknowledge receipt of the Power of Attorney and consent to the terms and placement of the child in my care.

\_\_\_\_\_  
*Signature of Agent*                      *Date*  
  
\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature of Alternate (if any)*                      *Date*  
  
\_\_\_\_\_  
*Print name (if any)*