



**ARIS Solutions -- Agency of Human Services Self and  
Surrogate-Managed Programs**

**CPCS Child-Parent/Primary Caregiver Relationship Form**

This form provides some basic information to link you to the individual that you are managing services for. The term “child” is used generically for the individual who has been authorized Children’s Personal Care Services.

**Parent/Primary Caregiver Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Primary Caregiver’s Last 4 Digits of Social Security Number:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Date of Birth:** \_\_\_\_\_ **Child’s Social Security Number:** \_\_\_\_\_