AVENUES FOR HOMELESS YOUTH – HOST HOME PROGRAMS
DELEGATION OF POWERS BY PARENT PURSUANT TO MINN. STAT. § 524.5-211

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

1. The Undersigned is/are the parent(s) or guardian(s) of [MINOR CHILD'S NAME], born on [MINOR CHILD'S DATE OF BIRTH] ("Minor Child"), which Minor Child participates in the Host Home Program of Avenues for Homeless Youth.

2. The Undersigned hereby appoint(s) [NAME(S) OF HOST(S)], of the County of [COUNTY OF RESIDENCE OF HOST(S)], State of Minnesota (either singularly or collectively, "Attorney-in-Fact"), to be the true and lawful Attorney-in-Fact for the exercise of parental authority over Minor Child for a period not to exceed one year following the date of signature, pursuant to MINN. STAT. § 524.5-211.

3. This Power of Attorney hereby constitutes the delegation to Attorney-in-Fact of ALL parental powers and authority regarding the care, custody, and property of Minor Child, except the power to consent to marriage or adoption of a minor ward, to the fullest extent allowable under MINN. STAT. § 524.5-211.

4. Each parent understands they are legally obligated, pursuant to MINN. STAT.§ 524.5-211(b) to mail or give a copy of this document to any other parent within 30 days of its execution unless:

   a. the other parent does not have visitation rights or has supervised visitation rights; or
   b. there is an existing order for protection under chapter 518B or similar law of another state in effect against the other parent to protect me.

[*SIGNATURE PAGE FOLLOWS*]

BY PARENT OR GUARDIAN:

IN TESTIMONY WHEREOF, I have hereunto set my hand this ____ day of _____ 201__.

_____
By: [NAME OF PARENT OR GUARDIAN]

IN TESTIMONY WHEREOF, I have hereunto set my hand this ____ day of _____ 201__.

_____
By: [NAME OF PARENT OR GUARDIAN]

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

This Delegation of Powers by Parent was subscribed and sworn to before me this _____ day of _____, 201__ by _____.

_____
Notary Public

Title (and Rank): _____

My commission expires: _____

BY ATTORNEY-IN-FACT:

The undersigned hereby accept(s) the foregoing Delegation of Parental Authority over Minor Child.

ATTORNEY(S) IN FACT

_____
By: [NAME OF ATTORNEY-IN-FACT]

_____
By: [NAME OF ATTORNEY-IN-FACT]

(*Signature Page to Delegation of Powers by Parent*)