Urgent \_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_

 Kinship Care Referral Form

**For Office Use Only:** FSFN History: \_\_\_\_ Yes \_\_\_\_No Dependency: \_\_\_\_No \_\_\_\_Closed \_\_\_\_Open Open Abuse Report: \_\_\_\_\_Yes \_\_\_\_ No

Dependency Case Worker:\_\_\_\_\_\_\_\_\_\_\_\_ DCF Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF REFERRAL: CASE NAME:**

**GENERAL INFORMATION ABOUT RELATIVE CAREGIVER BEING REFERRED**

1) Caregiver #1: Date of Birth: Social Security #:

Caregiver #2: Date of Birth: Social Security #:

2) Address: City, State, ZIP

Email Address

3) Telephone Numbers: Home Work Cell

4) Total Number of Relative Children in the Home:

5) Caregivers Relationship(s) to the Children:

6) Parent’s Name, DOB and Current Location:

7) Are siblings placed all together?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, where are the other siblings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S FULL NAME** | **BIRTH DATE** | **SOCIAL SECURITY #** | **CURRENT LEGAL STATUS** |
| A. |  |  |  |
| B. |  |  |  |
| C. |  |  |  |
| D. |  |  |  |

# KINSHIP CARE SERVICES NEEDED/DESIRED (please check all that apply): Daycare, Access Florida and Legal Assistance are only available for non-dependency cases.

# \_\_\_SUPPORT GROUP \_\_\_\_RESOURCE DIRECTION \_\_\_DAYCARE \_\_\_ACCESS FL \_\_\_\_LEGAL ASSISTANCE \_\_\_OTHER:

# COMMENTS / NOTES

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# NAME OF PERSON COMPLETING FORM: AGENCY:

**PHONE NUMBER: EMAIL:**

**Referral can be faxed to 352-387-3558, or sent via email to** [**Michelle.Mongeluzzo@kidscentralinc.org**](mailto:Michelle.Mongeluzzo@kidscentralinc.org)

**If you have any questions please contact the Kinship Navigator at 352-387-3526**

**Revised 01/2013**

Pursuant to Section 286.26, Florida Statutes, any disabled person who may require accommodations to participate in any meetings or events, please contact Debra Wise or Shelly LaFrance with Kids Central at (352) 873-6332 at least 7 days in advance of the event.  If you are hearing or speech impaired, please use the Florida Relay Service 1-800-955-8771 (TDD) or 1-800-955-8770 (Voice).