

Kinship Navigator	Agency
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Foster Care Only
 Adoption Only
 Both Foster and Adoption
 Will classes be waived?
 Yes
 No
 Unknown at this time

Note: If more than one kinship caregiver is listed, it is considered more than one referral (e.g., if children are placed with two separate kinship caregiver families, this would be considered two separate referrals).

I. Case Information

Referral Date	Case ID	State ID
Child(ren) in the home (Billing child?)	FACS ID (if known)	
Date of Birth (DOB)	County of Residence	Financial County
Any cultural needs and/or special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify:	Is there a need for a translator or interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language:	
Reason for Referral:		
Is the child placed in the home via a Safety Plan or via a Court Order? <input type="checkbox"/> Safety Plan <input type="checkbox"/> Court Order	Date of Placement in Kinship Home	
Name(s) of Kinship Placement	Relationship with Child(ren)	
Address of Placement	Email	
Phone number of Placement with area code	Contact Person Name	

If siblings are not placed together in the same kinship caregiver home, include additional kinship caregiver information below regarding siblings.

Name of other family	Name of Child(ren)	County
Name of other family	Name of Child(ren)	County

2. HHS Referral Worker, HHS Social Work Case Manager (SWCM), and Supervisor Information

SWCM Contact Number with area code and extension	Fax Number	SWCM Email Address
SWCM Supervisor	Phone Number	Email Address