



## **YMCA KINSHIP Support Program Referral Form**

Fill out form and email to [kinshipyfs@ymca.org](mailto:kinshipyfs@ymca.org). If you do NOT receive a notice of receipt of referral within 2 business days, please follow up with the Program Director at 877-YMCA-4-KIN (877-9622-4-546) or [kinshipyfs@ymcasd.org](mailto:kinshipyfs@ymcasd.org)

### **Referring Party Information**

Date of Referral:			
Agency:	<input type="checkbox"/> CWS	<input checked="" type="checkbox"/> Self-Referral	<input type="checkbox"/> OTHER
Referring party name:			
Phone or email			
If self-referral, how did you hear about us	<input type="checkbox"/> 1-877YMCA4KIN	<input checked="" type="checkbox"/> OTHER	
Indicate if referral is:	<input type="checkbox"/> Urgent (within 24-48 business hours)	<input checked="" type="checkbox"/> Regular (3 business days)	

### **CWS Referrals**

Unit of referring CWS Social Worker	<input type="checkbox"/> RFA	<input type="checkbox"/> ER- Prevention	<input type="checkbox"/> Voluntary
	<input type="checkbox"/> Continuing	<input type="checkbox"/> Adoption	
Is the Child/ren a Dependent/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7 Digit State ID# for Dependent/s			
Case Carrying CWS Social Worker			

### **Kinship Caregiver Information**

Name Kinship Caregiver:			
Kinship Caregiver	DOB:	Gender:	Ethnicity:
Address:			
Phone:	Work:	Cell:	
Email:			
Primary Language:			
Availability:			

### **Household Information**

Please identify all **additional caregivers (if applicable)** residing in the client's household

Name	Gender	DOB	Ethnicity	Relationship to Kin Caregiver

### **Kinship Children**

Name	Gender	DOB	Ethnicity	Relationship to client

### **Needs of Kinship Caregiver**

Please check off all applicable needs:		
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Legal	<input type="checkbox"/> Public Assistance
<input type="checkbox"/> Child Care	<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Respite
<input type="checkbox"/> Child Enrichment	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Education	<input type="checkbox"/> Parenting	<input type="checkbox"/> Utilities
<input type="checkbox"/> Employment	<input type="checkbox"/> Permanency/Guardianship	<input type="checkbox"/> Other

### **Reason for Referral:**