

KINSHIP PROGRAM REFERRAL FORM



Uplift Family Services
 2380 Salvio Street, Suite 200
 Concord, CA 94520
 (925) 602-1750
kinship.referrals@upliftfs.org



West Contra Costa Youth Services Bureau
 186 Broadway Street
 Richmond, CA 94804
 (510) 215-4671
groberts@wccysb.org



Lilliput Families
 300 H Street Suite E
 Antioch, CA 94509
 (925) 384-1650
CCCKSSP.referrals@lilliput.org

Caregiver's Residence: Central County

West County

East County

Date of service request: _____ Name of referring person or agency: _____

Contact number and/or email of referring person, if applicable: _____

Referring person or agency type:

Family/ Friends Children & Family Services Probate Court School District

Self Other (Please Specify): _____

Do any of the children in the home have a CFS social worker?: Yes No

CFS Social Worker's Information: Name: _____

Phone: _____ Email: _____

Caregiver 1's Name: _____ Date of Birth: _____

Caregiver 2's Name: _____ Date of Birth: _____

Caregiver 1: _____ Marital Status: M S Caregiver 2: _____ Marital Status: M S
 Ethnicity: _____ Ethnicity: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip Code: _____

E-Mail: _____

Child Name: _____ DOB: _____ Relation to CG: _____ Ethnicity: _____ M F

Child Name: _____ DOB: _____ Relation to CG: _____ Ethnicity: _____ M F

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Child Name: _____ DOB: _____ Relation to CG: _____ Ethnicity: _____ M F

Are there more than 4 KSSP children in the home? Yes No (If additional children exist please note below)

Please complete the reverse.

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Services Needed: Case Management Furniture Recreation Respite Support Group
 Transportation Clothing/shoes Tutoring Child Care Parent Education
 Food Housing Mentoring Health Care Guardianship

Other: _____

Present status, additional children, and/or needs (Please provide a brief description of the family situation/history, and areas needing assistance that are not included above.):

For Kinship Staff Use Only. Kinship Staff attempted to contact family on (dates): _____

Kinship Referral completed by: _____

Disposition Date: _____ Open case managed to: _____

Open NCM Declined Unresponsive Ineligible Other: _____