KINSHIP PROGRAM REFERRAL FORM

Contra Costa
Youth Service Bureau

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

Contra Costa Youth Services Bureau
186 Broadway Street
Richmond, CA 94804
510-215-4670 Ext 125
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: Ethnicity: _______________ Marital Status: M ☐ S ☐

Caregiver 2: Ethnicity: _______________ Marital Status: M ☐ S ☐

Home Phone: __________________________ Cell Phone: ___________________

Home Address: _________________________ City: _______________ Zip Code: __________

E-Mail: ______________________________

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Child Name: _________________________ DOB: __ Relation to CG: __ Ethnicity: M ☐ F ☐

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

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: ______________________________________