

CALIFORNIA FAMILY LIFE CENTER – KIN CARE
INITIAL REFERRAL FORM & NEEDS ASSESSMENT

Date Referral Submitted by Outside Agency: _____

(If Self-Referral): **Date of Initial Client Inquiry:** _____

Client Inquiry made via: Telephone Walk-In Email Other: _____

Referred by:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Probation Services | <input type="checkbox"/> Self |
| <input type="checkbox"/> MH Provider | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Health Professional | <input type="checkbox"/> School/Teacher |
| <input type="checkbox"/> CFLC Staff | <input type="checkbox"/> Other Kin Care CG | <input type="checkbox"/> Other KSSP | <input type="checkbox"/> Other: _____ |

(If not a Self-Referral): Referring Person: _____ Agency: _____

Telephone #: _____ Email (Optional): _____

Do you need Kin Care to follow up with you about the status of this referral? Yes No

(If Self-Referral): How did they hear about Kin Care? _____

Please fax this referral form to (951) 791-3554

CLIENT INFORMATION

Caregiver's Name: _____

Primary Phone: _____ **Alt. Phone:** _____ **Work Phone:** _____

Caregiver's Address: _____ **City:** _____ **Zip Code** _____

Email Address (Optional): _____

Primary language of the client if other than English: _____

Present Status: (brief description of family situation; include child(ren's) names, ages, and relationship to caregiver, how long child(ren) have been in the home and any family needs):

Mother's Whereabouts/Situation: _____

Father's Whereabouts/Situation: _____

Client Qualifications: (Check all that apply) If all qualifications are not met, please explain below:

- Child(ren) live in the Caregiver's home.
- Caregiver resides in Riverside County
- Neither parent resides in the caregiver's home.
- Caregiver is related to the child

Notes: _____

Family Immediate Needs Assessment:

- Guardianship Case Management Support Groups Resources Respite/Recreation Tutoring Counseling

Other Needs: _____
