



REFERRAL TO KINSHIP

This form is to be completed by the REFERRAL AGENCY and returned to Kinship of the Park Rapids Area. Information on this form will be kept confidential and will be used to assist Kinship in matching the child with an appropriate adult volunteer.

Please print or type.

Date _____
Referring Agency: _____ Address: _____
City & State: _____ Zip: _____
Contact Person: _____ Title: _____
Phone Number: _____ Ext.: _____

Child's Data

Name: _____ Home Phone: _____
Child Living With: _____ Relationship to Child: _____
Street Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Date of Birth: _____ Ethnic Origin: _____ Gender: _____
Legal Guardian: _____ Language Spoken in Home: _____

Mobility of Child and Family

Does the child/family move often? Yes _____ No _____ Comments: _____

Family Child History

Is there any history of any of the following?

Physical Abuse:___ Sexual Abuse/Incest:___ Neglect:___
Chemical Dependency/Alcoholism:___ Suicidal Tendencies:___
Disability, Handicap, Illness:___ Rape/Teen Pregnancy:___
Mental Health Issues:___

Please explain:

Child's Self-Esteem

What is the child's attitude toward self? Very Good ___ Good ___ Fair ___ Poor ___

Explain: _____



Kinship

School/Education Information

School child is currently attending: _____

Grade Level: _____ Teacher _____

Phone Number: _____ School Counselor/Social Worker: _____

Person with Whom Child Relates Best: _____

Child's Attitude Towards School: _____

Child's Behavior in School: _____

Subjects Child Most Enjoys: _____

Participation in School Activities: _____

Legal Data

Do you know of any other agencies working with this child? Yes ___ No ___

Please list any of which you know: _____

Recommendations for Matching

How do you think an adult volunteer would help this child? _____

What type of person would you suggest we match with this child? _____

Other Comments: _____

If you have any questions or further comments, please feel free to contact us at 732-0058. Thank you!