

## Relative/Kinship Referral Form for Counties

Please return form to Amy Mische at: [relkinreferrals@chlss.org](mailto:relkinreferrals@chlss.org)



### Your Information

Name: \_\_\_\_\_ County: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
What service(s) are needed?      Foster Care/Adoption      Adoption Only  
Is this an emergency relative placement?      Yes      No  
Placement Date: \_\_\_\_\_

### Child(ren)'s Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity:      Non-Hispanic      Hispanic  
ICWA apply?      Yes      No      Tribe Information: \_\_\_\_\_  
Have parental rights been terminated?      Yes      No  
Number of siblings: \_\_\_\_\_ Are siblings being placed together?      Yes      No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity:      Non-Hispanic      Hispanic  
ICWA apply?      Yes      No      Tribe Information: \_\_\_\_\_  
Have parental rights been terminated?      Yes      No

*\*If more than 2 children, please add additional children to end of this form*

### Relative/Kinship Caregiver Information

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

Phone 1:

Phone 2:

Email:

Relationship to child(ren):

Please provide brief summary of this caregiver/child's situation (include strengths & any potential barriers):

**Additional Children (if applicable):**

First Name:

Last Name:

Date of Birth:

Gender:

Race:

Ethnicity: Non-Hispanic

Hispanic

ICWA apply? Yes No

Tribe Information:

Have parental rights been terminated?

Yes No

First Name:

Last Name:

Date of Birth:

Gender:

Race:

Ethnicity: Non-Hispanic

Hispanic

ICWA apply? Yes No

Tribe Information:

Have parental rights been terminated?

Yes No

First Name:

Last Name:

Date of Birth:

Gender:

Race:

Ethnicity: Non-Hispanic

Hispanic

ICWA apply? Yes No

Tribe Information:

Have parental rights been terminated?

Yes No