



## Kinship Family Program Intake Form

Caregiver Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language:  English  Non-English \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity:  Hispanic  Not Hispanic

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse name: \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Average household income: \$ \_\_\_\_\_  Monthly  Annually

Do you receive state financial assistance?  Yes \_\_\_\_\_  No

How did you hear about this program? \_\_\_\_\_

How do you prefer to be contacted:  Call  Text  Email

Please list any other organizations/agencies you are currently working with:

\_\_\_\_\_

\_\_\_\_\_

Number of children (under 18) in care: \_\_\_\_\_

### Child(ren) Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_

How long has the child been in kinship care: \_\_\_\_\_

Does child receive medical benefits through the State:  Yes \_\_\_\_\_  No

Who has legal custody of the child:  Myself  The State of AK

There is no formal custody agreement

**Reason for child being in Kinship Care** (check all that apply):

- Parent Incarcerated  Parent Drug/ Alcohol Addiction  Parent Deceased
- Parent Health Issues  Financial Hardship  Other: \_\_\_\_\_

*(additional space located below, please fill out for each child)*

**Family Needs**

**I am interested in** (check all that apply):

- Support Groups:  Daytime  Evening  Financial assistance for children needs
- Navigating Community Resources  Child Care/ Respite Care
- Other: \_\_\_\_\_

**Additional Child(ren) Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**School(if):** \_\_\_\_\_

**How long has the child been in kinship care:** \_\_\_\_\_

**Does child receive medical benefits through the State:**  Yes \_\_\_\_\_  No

**Who has legal custody of the child:**

- Myself  The State of AK  There is no formal custody agreement

**Reason for child being in Kinship Care** (check all that apply):

- Parent Incarcerated  Parent Drug/ Alcohol Addiction  Parent Deceased
- Parent Health Issues  Financial Hardship  Other: \_\_\_\_\_

*(please let staff know if additional children information is needed)*

**I would also like Kinship Program staff to know** (not required)

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**Signature**

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**Date**