



## Kinship Family Program Intake Form

Caregiver name: \_\_\_\_\_

Caregiver relationship:  Grandparent  Sibling  Other Relative

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: \_\_\_\_\_

Current caregiver stress level:  1  2  3  4  5  6

Stress level prior to caregiving:  1  2  3  4  5  6

Current physical health compared to one year ago:  1  2  3  4  5  6

Current emotional health compared to one year ago:  1  2  3  4  5  6

### Child(ren) Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Date child entered 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: \_\_\_\_\_

Child has been diagnosed with (check all that apply):

- Cognitive Impair  Dissociative Disorders  Mental Illness  Traumatic Brain Injury  
*(additional space located below, please fill out for each child)*

### Additional Child(ren) Information

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

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

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

Date child entered 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: \_\_\_\_\_

Child has been diagnosed with (check all that apply):

- Cognitive Impair  Dissociative Disorders  Mental Illness  Traumatic Brain Injury  
*(please let staff know if additional children information is needed)*

## 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: \_\_\_\_\_

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

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**Signature**

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**Date**