



Kinship

Kinship Partners

Please return this form in Brainerd/Baxter or Crosby/Tronton to:

Kinship Partners 218-829-4606
PO Box 642 or 1-877-730-5437
Brainerd MN 56401 Fax 218-855-1388

Or in the Lakes Area:

Kinship Partners 218-829-4606
PO Box 754 or 1-877-730-5437
Pequot Lakes, MN 56472 Fax 218-855-1388

KINSHIP PARTNERS REFERRAL FORM

This form is to be completed by the REFERRAL AGENCY and returned to the Kinship Partners office. Information on this form will be kept confidential and will be used to assist the program coordinator in matching the child with an appropriate Adult Partner (mentor). Please take the time to fill in all information completely.

Date: _____
Referring agency: _____ Address: _____
City: _____ zip code: _____
Contact person: _____ title: _____
Phone: _____ extension: _____ e-mail address: _____

Child's Data

Child's Name: _____ Date of Birth: _____
Gender: _____ Ethnic Origin _____ Language spoken at home: _____
Parent's Name _____ Legal Guardian _____
Child living with _____ Relationship _____
Mailing address:
Street address _____
City _____ Zip _____
Home phone _____ Parent work phone _____
Place of employment _____

Mobility of Child and Family

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

Family/Child History

Is there a history of any of the following?
Physical abuse ___ Sexual Abuse ___ Neglect ___ Chem. Dependency/Alcoholism ___ Suicidal
Tendencies ___ Disability/Illness ___ Rape/Teen pregnancy ___ Mental Health Issues ___
Please explain _____

Referral form continued

Child's Self-Esteem

What is the child's attitude toward self? Very good___ Good___ Fair___ Poor___

Please explain_____

School/Education Information

School child is attending_____

School address_____city_____zip_____

Phone_____school counselor/social worker_____

Teacher_____

Person with whom child best relates_____

Child's attitude towards school: very good___ good___ fair___ poor___

Child's behavior in school: very good___ good___ fair___ poor___

Subjects child most enjoys_____

School activities in which child participates_____

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 partner would help the child? _____

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

Other comments:_____

Referring a child to Kinship Partners does not insure the child's acceptance into our program. The child must meet program guidelines. The more information you provide to us, the better able we are to determine eligibility. For more information on these guidelines or if you have any questions or further comments, please feel free to contact us. Thank You!