YMCA YOUTH & FAMILY SERVICES
IT'S FOR EVERYBODY
We build strong kids, strong families, strong communities.

# YMCA Kinship Navigator Referral Form

Fill out form and fax to **619-543-9491,** Attention to Kinship Navigator Program

## Referring Party Information

| | |
|---|---|
| Date of Referral: | |
| Agency Name: | |
| Contact Name: | |
| Phone and Fax: | |
| How did you hear about us? | |
| Please indicate if referral is: | ☐ Urgent * (within 48 business hours) OR ☐ Regular (5-7 business days) |

*If urgent request, please fax referral and notify Program Director, Danielle Davis at ddavis@ymca.org or call 619-543-9850.

## Client Information

| | |
|---|---|
| Name Kinship Caregiver: | |
| | DOB: Gender: Ethnicity: |
| Address: | |
| Telephone: | |
| Primary Language: | |
| Is this family involved with Child Welfare Services? | ☐ Yes ☐ No ☐ Unknown<br>If Yes, indicate type of case:<br>☐ Dependency ☐ Voluntary ☐ Prevention |

## Household Information

Please identify all **additional caregivers (if applicable)** residing in the client's household

| Name | Gender | DOB | Ethnicity | Relationship to client |
|---|---|---|---|---|
| | | | | |
| | | | | |

Please identify **kinship children** residing in the client's household

| Name | Gender | DOB | Ethnicity | Relationship to client |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## Needs Assessment

| Please check off all applicable needs: | | |
|---|---|---|
| ☐ Basic Needs | ☐ Legal | ☐ Public Assistance |
| ☐ Child Care | ☐ Medical/Health | ☐ Respite |
| ☐ Child Enrichment | ☐ Mental Health | ☐ Support Groups |
| ☐ Education | ☐ Parenting | ☐ Utilities |
| ☐ Employment | ☐ Permanency/Guardianship | ☐ Other |

Reason for Referral:

FOR OFFICE USE ONLY (Revised 9/13/2010):
Region: ___________
Date Received: ___________