



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). Fill in all information completely.

Date: _____

Referring agency: _____ Address: _____

City: _____ Zip: _____

Contact person: _____ title: _____

Phone: _____ extension: _____ email address: _____

Child's Data

Child's Name: _____ Date of Birth _____ Grade: _____

Gender Identity: _____

Ethnicity: _____ Language(s) spoken in the home: _____

Parent Name(s): _____ Legal Guardian: _____

Child living with: _____ Relationship _____

Street address _____

City: _____ Zip: _____

Home/Cell 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—Check all that apply:

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:

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:

Brainerd Lakes Area
P.O. Box 642
Brainerd, MN 56401
(218) 454-8015
(Brainerd and Pillager
School Districts)

Cuyuna Lakes Area
P.O. Box 32
Crosby, MN 56441
(218) 545-8002
(Crosby School District)

Pequot Lakes Area
P. O. Box 642
Brainerd, MN 56401
(218) 454-8016
(Pequot Lakes, Pine River
and School Districts)

Staples/Motley Office
P.O. Box 642
Brainerd, MN 56401
(218) 454-8012
(Staples and Motley Districts)