



**KINSHIP CARES ENHANCED NAVIGATOR PROGRAM - SERVICES PROFILE**

ID#: ___/___/___/___/	Assignment:    Wraparound    Enhanced    Non-Project
-----------------------	------------------------------------------------------

<b>1. Caregiver #1</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Social Security #</b>
<i>(Circle one answer in each box that best describes you)</i> Check if previously established <input type="checkbox"/>			
<b>Marital Status</b>	<b>Relationship to Child/Children</b>	<b>Gender</b>	<b>Race/Ethnicity</b>
<b>Single</b> <b>Married</b> <b>Divorced</b> <b>Separated</b> <b>Widower</b> <b>Living with a Partner</b>	<b>Grandparent</b> <b>Aunt/Uncle</b> <b>Brother/Sister</b> <b>Other Relative</b> <b>Non-Relative</b> _____ <b>Other</b> _____	<b>Female</b> <b>Male</b>	<b>Non-Hispanic</b> <b>Hispanic</b> <b>Black</b> <b>White</b> <b>Asian</b> <b>Native American</b> <b>Multi-Racial</b> <b>Other</b> _____

<b>2. Caregiver #2</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Social Security #</b>
<i>(Circle one answer in each box that best describes you)</i> Check if previously established <input type="checkbox"/>			
<b>Marital Status</b>	<b>Relationship to Child/Children</b>	<b>Gender</b>	<b>Race/Ethnicity</b>
<b>Single</b> <b>Married</b> <b>Divorced</b> <b>Separated</b> <b>Widower</b> <b>Living with a Partner</b>	<b>Grandparent</b> <b>Aunt/Uncle</b> <b>Brother/Sister</b> <b>Other Relative</b> <b>Non-Relative</b> _____ <b>Other</b> _____	<b>Female</b> <b>Male</b>	<b>Non-Hispanic</b> <b>Hispanic</b> <b>Black</b> <b>White</b> <b>Asian</b> <b>Native American</b> <b>Multi-Racial</b> <b>Other</b> _____

<b>3. Contact Information</b>			
Street Address	City or Town	County	Zip Code

Home Telephone	Work Telephone	Cell Phone

How many years have you lived at this address? \_\_\_/\_\_\_/ Years

Previous address if less than 2 years: \_\_\_\_\_

Total # of Adults in the Household \_\_\_/\_\_\_/ Total # of Children in the Household \_\_\_/\_\_\_/

**4. Information about the child's parents and reason for placement with you**

a) What are the parent's names?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

b) What is your relationship to the child's parents \_\_\_\_\_

c) Does either parent have face-to-face contact with the child? YES NO

d) If yes, which parent? Mother Father (circle one or both)

e) About how often do the visits occur (circle one answer)? Every Day More than once a week  
Once a week More than once a month Once a month A few times a year

f) Describe the circumstances of the placement with you. What is the MAIN reason the parent(s) cannot care for their child(ren)?

g) When did the placement occur? \_\_\_\_\_ (give a date or the number of years)

h) Now that we have discussed the main reason for placement with you, what are all the reasons that the child or children was/were placed with you (check all the reasons that apply and check the box if you are referring to the mother or father or both):

<input checked="" type="checkbox"/>	Reasons for child's placement with you (check all that apply)	Applies to Mother <input checked="" type="checkbox"/>	Applies to Father <input checked="" type="checkbox"/>
<input type="checkbox"/>	DYFS arranged the placement due to <u>abuse or neglect</u> by a parent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	One or both parents are <u>deceased</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	One or both parents are <u>missing</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	One or both parents have <u>HIV or AIDS</u> and are ill	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	One or both parents are <u>homeless</u> or have a housing problem	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	Reasons for child's placement with you ( <i>check all that apply</i> )	Applies to Mother <input checked="" type="checkbox"/>	Applies to Father <input checked="" type="checkbox"/>
	One or both parents have a <u>drug or alcohol addiction</u>		
	One or both parents have a serious mental or <u>emotional problem</u>		
	One or both parents have a serious <u>medical condition</u>		
	One or both parents are in <u>jail or prison</u>		
	One or both parents are <u>deported</u>		
	One or both parents have committed <u>family violence</u>		
	Other Reason _____ _____		

i) How well do you get along with the parents? Do you discuss the care of the children with one or both parents? Are they usually consulted about school, health or other issues?

j) Has there ever been DYFS involvement with this child or these children? YES NO

k) Is the child or children at risk of foster care placement if you were unable to care for him or her? YES NO

l) Are there any circumstances where you would feel unable to care for the child or children? YES NO

Please describe.

m) Are there siblings of your kinship child living elsewhere? YES NO

n) If Yes, how many? \_\_\_\_/\_\_\_\_/

o) If Yes, who is caring for them? \_\_\_\_\_

p) What is that caregiver's relationship to these children? \_\_\_\_\_

**5. Children Needing Services:**

	<b>Name</b>	<b>Date of Birth</b>	<b>Sex M/F</b>	<b>Race/Ethnicity (circle one choice in each box)</b>		<b>Grade in School</b>	<b>Does the child have Medical Insurance (Y/N) &amp; Type</b>	<b>Relationship to You (proof needed)</b>	<b>Social Security Number</b>
<b>1</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			
<b>2</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			
<b>3</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			
<b>4</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			
<b>5</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			
<b>6</b>				Non-Hispanic Hispanic	Black Asian Nat. Amer.	White Multi-racial Other			

What is the primary language spoken in the home (circle one)?    English    Spanish    Other \_\_\_\_\_

**6. Others in the Home:**

	<b>Name</b>	<b>Date of Birth</b>	<b>Sex M/F</b>	<b>Relationship to You</b>
1.				
2.				
3.				
4.				
5.				
6.				

**7. Public Assistance Information**

If receiving Public Assistance:

Case Number \_\_\_\_\_ Caseworker \_\_\_\_\_ Telephone #: \_\_\_\_\_

**8. Relationship Proof (copy needed – one source of proof needed for each child)**

<b>Type of Verification</b>	<b>Child's Name</b>
<b>Birth, Death and Marriage Certificates</b>	
<b>Records from a Religious Institution</b>	
<b>Immigration and Naturalization Papers</b>	
<b>School Records</b>	
<b>Court Records (Including Child Custody Information)</b>	
<b>Employment Records</b>	
<b>Record of Public or Private Welfare Agencies</b>	
<b>Medical Records</b>	
<b>Other</b>	

**9. Needs Assessment**

a) What caretaker defines as needs:

b) What field worker verifies is needed and why:

c) Other Possible needs:

d) Are requested items or services available through the community or other agencies?

YES      NO      \_\_\_\_\_

e) Recommendation of Field Worker and Summary of Home Visit (Include any issues identified in the home or with the child's current circumstances.

f) Requested purchase list and store information.

		Store Information	
Requested Item	Cost	Name	Address and Telephone #
	\$		
	\$		
	\$		

		<b>Store Information</b>	
<b>Requested Item</b>	<b>Cost</b>	<b>Name</b>	<b>Address and Telephone #</b>
	\$		

**g) Additional Contacts:**

**10. Progress Report:**

<b>Date</b>	<b>Activity</b>
	<b>Received by Worker      Worker's Name:</b>
	<b>1<sup>st</sup> Client Contact (within 48 hours)</b>
	<b>Field Visit (within 45 days)</b>
	<b>Service Provided</b>
	<b>Follow-up Contact</b>

**State Reasons for Delay in Process (e.g., Client not responding, etc.)**

## Income Eligibility Worksheet

	Caregiver 1	Caregiver 2	Other Adult	Other Adult
<b>Enter Person's Name →</b>				
<b>Employer Name</b>				
<b>Paid: Weekly / Bi-weekly / Monthly</b>				
<b>(Gross) Salary</b>	\$	\$	\$	\$
<b>Unemployment</b>	\$	\$	\$	\$
<b>Pension</b>	\$	\$	\$	\$
<b>(Gross) Social Security</b>	\$	\$	\$	\$
<b>Disability</b>	\$	\$	\$	\$
<b>Income Subtotal</b>	\$	\$	\$	\$

<b>(Gross) Child's (1) Social Security</b>	\$
<b>(Gross) Child's (2) Social Security</b>	\$
<b>(Gross) Child's (3) Social Security</b>	\$
<b>(Gross) Child's (4) Social Security</b>	\$
<b>Public (TANF) Assistance (Child Only)</b>	\$
<b>Child Support &amp; CS #</b>	\$
<b>Child Income Subtotal</b>	\$

<b>Own/Other Child (1) Gross Income Type:</b>	\$
<b>Own/Other Child (2) Gross Income Type:</b>	\$
<b>Own/Other Child (3) Gross Income Type:</b>	\$
<b>Own/Other Child (4) Gross Income Type:</b>	\$
<b>Own/Other Child (5) Gross Income Type:</b>	\$
<b>Own/Other Child (6) Gross Income Type:</b>	\$
<b>Own/Other Child Income Subtotal</b>	\$



--	--	--	--

Enter for Type above: SSI/TANF/CS with CS#

<b>Other Income: \$</b> _____	<b>Source:</b> _____
-------------------------------	----------------------

[Other types of income include: rental income, retirement of Veteran’s Benefits, foster care payments, help from family members, pensions/annuities/401k, worker’s compensation and or disability]

<b>Gross Yearly Total \$</b>
------------------------------

Sources of Verification:
Verified by:

**I hereby state that the above information furnished by me is correct. I also understand that my signature allows CHS to use the above data for referrals and consultation regarding services rendered to me. In addition I understand that the monies issued to me must be used for the goods and services that were approved by the Kinship Program and that I may be asked to reimburse any misused funds. I will return receipts upon purchase of goods and services.**

**Caretaker’s Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_/

**Worker’s Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_/

**Supervisor’s Initials:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_/