Kinship Connections of Wyoming
Montana Kinship Navigator Program &
Kinship Navigator Collaborative
Intake Packet

Date: _____ Name: _____

Client ID: _____ Family ID: _____

Name:				
Physical address:	Street Address/Apt #	City	State	Zip Code
Mailing address, if different:	Street Address/Apt #/ PO Box #	City	State	Zip Code
Email:				
Phone:				
Number of adults in your household:				
Marital status:				
Annual household income:				

Source of Income: ☐ Employment ☐ SSI/SSD ☐ Unemployment ☐ Social Security ☐ Child Support ☐ Retirement/Pension ☐ Workers Comp ☐ Veteran Benefits ☐ Other household members income ☐ None

How did you hear about the kinship navigator program?

☐ 2-1-1
☐ Foster care agency
☐ Other government agency, please specify:
_____

☐ Family or friend
☐ Social media, please specify:
_____
☐ Other, please specify:
_____

If we can't reach you, is there another adult we can contact about your case? If so, please provide their contact information here:	Name:	
	Email:	
	Phone:	
If you become unable to care for your kin child(ren), is there another family member or friend who could provide care? If so, please provide their contact information here:	Name:	
	Email:	
	Phone:	

Please select any assistance that you are receiving to help meet your needs and the needs of the kin child(ren) you are raising:
(Check all that apply)

☐ Child support	☐ Social Security survivor benefits
☐ TANF child only (Temporary Assistance for Needy Families – for children cared for by relatives not legally responsible for them)	☐ SSI (Supplemental Security Income)
	☐ Medicaid (federal health coverage)
	☐ Monthly foster care maintenance
☐ SNAP (Supplemental Nutrition Assistance Program or "food stamps")	☐ Monthly adoption assistance subsidy
	☐ Monthly GAP (Guardianship Assistance Program) subsidy
☐ WIC (Women, Infants, and Children Special Supplemental Nutrition Program)	☐ Section 8 Housing
	☐ Unlicensed Foster Parent
☐ Free or reduced school meals	☐ DEC CC Subsidy
☐ Childcare	☐ GP Stipend ($75)
☐ LIHEAP (Low Income Home Energy Assistance Program)	☐ Other, please explain: _____

Do you have insurance?
(Check all that apply)

☐ Private	☐ SSI Survivor Benefit
☐ Medicaid	☐ Unknown/Unable to Determine
☐ SSID	

Comfort Case: ☐ Yes ☐ No **Size:**	
Caregiver Demographic Information	
Date of birth (month/day/year):	
What is your race? *(Check all that apply)*	
☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown/Unable to Determine
Are you of Hispanic origin?	
☐ Yes ☐ No, not of Hispanic origin	
What is your sex?	
☐ Male ☐ Female	
Child Demographic Information *(Provide the following information for **each** of your kin children. If more space is needed, continue on additional paper)*	
Name:	
Date of birth (month/day/year):	
Relationship to child:	
What is your legal relationship to child:	
What is your kin child's race? *(Check all that apply)*	
☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown/Unable to Determine
Is your kin child of Hispanic origin?	
☐ Yes ☐ No, not of Hispanic origin	

Reason(s) bio parent isn't primary caregiver?	
☐ Abandoned ☐ Deceased ☐ DFS Removal ☐ Domestic Violence ☐ Financial Issues ☐ Housing Issues ☐ Incarceration ☐ Immigration/Deportation ☐ Mental Health ☐ Neglect ☐ Physical Abuse ☐ Substance Abuse ☐ Unknown ☐ Other	
Date child was placed in your care?	
Is child enrolled in school?	
What grade is your child in?	
Does child have challenges in school?	
Does child have health insurance?	
Does the child have well-child visits?	
Does the child use behavioral health services?	
Does the child have a chronic medical condition?	
Notes:	

Child Demographic Information *(Provide the following information for **each** of your kin children. If more space is needed, continue on additional paper)*	
Name:	
Date of birth (month/day/year):	
Relationship to child:	
What is your legal relationship to child:	

What is your kin child's race? *(Check all that apply)*	
☐ American Indian/Alaska Native	☐ Native Hawaiian/Other Pacific Islander
☐ White	☐ Asian
☐ Black or African American	☐ Unknown/Unable to Determine

Is your kin child of Hispanic origin?	
☐ Yes ☐ No, not of Hispanic origin	

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☐ Abandoned	☐ Deceased
☐ DFS Removal	☐ Domestic Violence
☐ Financial Issues	☐ Housing Issues
☐ Incarceration	☐ Immigration/Deportation
☐ Mental Health	☐ Neglect
☐ Physical Abuse	☐ Substance Abuse
☐ Unknown	☐ Other

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