



*nəx<sup>w</sup>qíyt nəx<sup>w</sup>s'káyámí*  
**PORT GAMBLE S'KLALLAM TRIBE**  
**Kinship Support Services Program**  
**Intake**

Kinship Support Services is used for the purpose of meeting the basic needs of the child(ren) with kinship caregivers to support the placement. To be eligible for Kinship Support Services, the applicant must be caring for an extended relative or kin minor child(ren) and have taken on the role of the parent.

**Applicant's Information**

Name: \_\_\_\_\_ Ph: (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Tribal Affiliation:  Enrolled or Direct Descendant of PGST  Enrolled in Other Tribe: \_\_\_\_\_  Non-Tribal

Applicant Residency:  Resides on PGST Reservation  Resides within Kitsap County  Other: \_\_\_\_\_

**Children in the Home**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Applicant:  
 Grandchild  Niece/Nephew  Sibling  Other Kin: \_\_\_\_\_

Tribal Affiliation:  
 Enrolled or Direct Descendant of PGST  Enrolled in Other Tribe: \_\_\_\_\_  Non-Tribal

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Applicant:  
 Grandchild  Niece/Nephew  Sibling  Other Kin: \_\_\_\_\_

Tribal Affiliation:  
 Enrolled or Direct Descendant of PGST  Enrolled in Other Tribe: \_\_\_\_\_  Non-Tribal

*(If additional space is needed, please use the back of the form or an additional paper and provide the same details)*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(By signing this form, you are agreeing to receive communication from the Kinship Support Program regarding available groups, trainings, and resources. If you would prefer not to, please notify the staff member you are returning this to)*

**Staff Use Only:**

Approved  Denied

Formal Guardianship   
 Open Dependency   
 Informal Kinship Care

Comments/Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

Kinship Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PORT GAMBLE S'KLALLAM TRIBE**  
**Kinship Support Services Program**  
**Financial Support Request**

**Requester's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested Support:**

*(Please indicate category, if cost is unknown leave blank. Bill or proof of purchase must be attached if requesting reimbursement)*

**Household Goods**

- Appliances (washer, dryer, heater, etc.)  
Type: \_\_\_\_\_ \$: \_\_\_\_\_
- Furniture  
Type: \_\_\_\_\_ \$: \_\_\_\_\_
- Safety Equipment (baby gate, locks, child seat, etc)  
Type: \_\_\_\_\_ \$: \_\_\_\_\_

**Personal Needs**

- Food & Nutrition Needs (groceries, vitamins, etc)  
Type: \_\_\_\_\_ \$: \_\_\_\_\_
- School Supplies  
Type: \_\_\_\_\_ \$: \_\_\_\_\_
- Hygiene & Clothes (shampoo, conditioner, personal products, etc)  
Type: \_\_\_\_\_ \$: \_\_\_\_\_
- Prescriptions/Medical Needs (medicine, glasses, etc)  
Type: \_\_\_\_\_ \$: \_\_\_\_\_

**Bill Payment & Home Repair**

- Rent  
Rental Agency/Landlord: \_\_\_\_\_ \$: \_\_\_\_\_
- Mortgage  
Company: \_\_\_\_\_ \$: \_\_\_\_\_
- Utilities  
Type/Company: \_\_\_\_\_ \$: \_\_\_\_\_
- Home repair  
Type: \_\_\_\_\_ \$: \_\_\_\_\_

**Strong Families**

- Traditional Supplies     Course/Event Attendance     Per Diem  
Type: \_\_\_\_\_ \$: \_\_\_\_\_

**Total Amount requested: \$:** \_\_\_\_\_

**Staff Use Only:**  Approved  Denied

**Was previous application approved?**

Yes  No

**Total Amount Approved: \$** \_\_\_\_\_

**Comments/Notes (reason for partial approval or denial):**

\_\_\_\_\_  
 \_\_\_\_\_

**Kinship Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Funding source used:**  \*\*\*\*\* %: \_\_\_\_  \*\*\*\*\* %: \_\_\_\_  Other: \_\_\_\_\_ %: \_\_\_\_