



**Family KINnections
REFERRAL FORM**

Send all referrals to lori.ctr.gibbany@okdhs.org and porsha.burden@northcare.com

If applicable, please attach Bridge Resource Application, House Assessment, and Initial Kinship Placement Agreement

Kinship parents:		Gender:	SSN:	Date of Birth:	Ethnicity:	
1.						
2.						
Address: Click or tap here to enter text.			City:		Zip Code:	
1. Cell phone:			2. Cell phone:		Home phone:	
Full name of child placed:		Gender:	Date of birth:	Date placed:	Child ID#:	SSN:
1.						
2.						
3.						
4.						
Is this a non-relative kinship placement? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this a Family Tree Case? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes please provide FRT #						
Reason for removal/DHS involvement:						
Resource Specialist:			Phone:	Email:		
Resource Specialist Supervisor:			Phone:	Email:		
Permanency Worker:			Phone:	Email:		
Permanency Worker Supervisor:			Phone:	Email:		
Resource #:	KK#:		County of Case:		Language in Home:	
Current needs of the children:						
Current needs of the resource home:						