



**VOA Alaska**

PROVIDING RESOURCES AND SUPPORT FOR ALL KINSHIP FAMILIES THROUGHOUT THE STATE OF ALASKA.

# Kinship Family Program

## Kinship Family Program Intake

### SECTION ONE: CAREGIVER

Name: \_\_\_\_\_

Primary Language:  English  Non-English \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Average household income: \$ \_\_\_\_\_  Monthly  Annually

Do you receive state financial assistance?  Yes \_\_\_\_\_  No

How did you hear about this program? \_\_\_\_\_

Are you working with any other agencies?  Yes \_\_\_\_\_  No

### SECTION TWO: CHILD(REN) INFORMATION

*Additional "Child Information" forms available upon request*

Name: \_\_\_\_\_

How long has the child been in kinship care? \_\_\_\_\_

Does child receive medical benefits through the State?  Yes \_\_\_\_\_  No

The child is in legal custody of:  Myself  The State of AK  
 There is no formal custody agreement

**Reason for child being in Kinship Care** (check all that apply):

Parent Incarcerated  Parent Drug / Alcohol Addiction  Parent Deceased  
 Parent Health Issues  Financial Hardship  Other: \_\_\_\_\_

### FAMILY NEEDS

I am interested in (Check all that apply):

**Support Groups:**  Daytime  Evening  
 Ready to attend now  Starting: \_\_\_\_\_

**Navigating Community Resources**

**Financial assistance for children needs**

**Child Care/ Respite Care**

**Other:** \_\_\_\_\_

I would also like Kinship Program staff to know (not required):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**VOA Alaska**

PROVIDING RESOURCES AND SUPPORT FOR ALL KINSHIP FAMILIES THROUGHOUT THE STATE OF ALASKA.

# Kinship Family Program

## Kinship Family Program Intake Additional Children

### CHILD(REN) INFORMATION

Name: \_\_\_\_\_

How long has the child been in kinship care? \_\_\_\_\_

Does child receive medical benefits through the State?  Yes \_\_\_\_\_  
 No

The child is in legal custody of:  Myself     The State of AK  
 There is no formal custody agreement

Reason for child being in Kinship Care (check all that apply):

- Parent Incarcerated                       Parent Drug/ Alcohol Addiction                       Parent Deceased
- Parent Health Issues                       Financial Hardship                       Other:\_\_\_\_\_

### CHILD(REN) INFORMATION

Name: \_\_\_\_\_

How long has the child been in kinship care? \_\_\_\_\_

Does child receive medical benefits through the State?  Yes \_\_\_\_\_  
 No

The child is in legal custody of:  Myself     The State of AK  
 There is no formal custody agreement

Reason for child being in Kinship Care (check all that apply):

- Parent Incarcerated                       Parent Drug/ Alcohol Addiction                       Parent Deceased
- Parent Health Issues                       Financial Hardship                       Other:\_\_\_\_\_

### CHILD(REN) INFORMATION

Name: \_\_\_\_\_

How long has the child been in kinship care? \_\_\_\_\_

Does child receive medical benefits through the State?  Yes \_\_\_\_\_  
 No

The child is in legal custody of:  Myself     The State of AK  
 There is no formal custody agreement

Reason for child being in Kinship Care (check all that apply):

- Parent Incarcerated                       Parent Drug/ Alcohol Addiction                       Parent Deceased
- Parent Health Issues                       Financial Hardship                       Other:\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date