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# Caregiver Permission to Contact Form

Kinship caregivers are grandparents, other relatives, and family friends who are full time caregivers of children. The Pennsylvania State KinConnector is a state-wide program that provides information and assistance to both formal and informal kinship families and connects them with specialized services designed to support them.

**By signing this form, you are giving your permission for our staff to contact you about our services and offer information about your permanency options and other services available to you.**

**With your permission, we will call you!**

If you have questions about KinConnector services, please call 866-546-2111 or email kinsupport@kinconnector.org. Please go to the other side of this page, where you can complete the permission to contact form.

**Permission for KinConnector to contact you**

Please sign and provide your contact information below, and then return to your staff person

Permission for KinConnector to call you: [ ]  Yes   [ ] No  (If No, Stop here)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name of Primary Caregiver:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please PRINT legibly)

1. **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Mailing Address (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Number: \_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Home Phone**: Area code: \_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Cell Phone**: Area code: \_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **What language do you prefer?** [ ]  English [ ]  Spanish [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Preferences for contact (check all that apply)**

**Time of day:**[ ]  Morning (9-12)[ ]  Lunchtime (12-1) [ ]  Afternoon (1-4) [ ] Evening (4-10)

**By** [ ]  Email [ ]  Text [ ]  Home Phone [ ]  Cell Phone

1. Would you agree for the referring worker to contact KinConnector to inquire if contact was made?

[ ]  Yes [ ] No

(If No, we will respect your privacy.)

**Instructions for Staff:** Please complete the information below, and email a scanned copy to KinConnector@outlook.com

Name of Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Caregiver Staff Only: Types of Placement:
[ ]  Formal [ ]  Informal [ ]  Undecided

[ ]  Child is Custody of State [ ]  Child is in the custody of Kinship Family [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does the client have a Safety Plan in place? [ ]  Yes [ ]  No

Caregiver Situation/Needs: [ ]  Financial [ ]  Legal [ ]  Support Group [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date email sent \_\_\_/\_\_\_\_/\_\_\_\_

(Please email the form even if caregiver declined to be contacted; this is important for our records).

 **EMAIL: KinConnector@outlook.com**