

KINSHIP RESOURCE CENTER -- CAREGIVER REFERRAL FORM

Date: _____

Caregiver's Name: _____ Language: _____

Address: _____

Telephone #: _____ Alternate #: _____

State ID # if applicable: _____

Caregiver Email address: _____

Caregiver's DOB: _____

Relationship to child: _____

Child's Name:

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Referred by: _____

Office/ Region: _____ Telephone #: _____

Referral reason:

**KINSHIP RESOURCE CENTER
9834 NORWALK BLVD.
SANTA FE SPRINGS, CA 90670
OFFICE: 562-777-1751
FAX: 562-777-1633
EMAIL: Youser@dcs.lacounty.gov**

THANK YOU FOR YOUR SUPPORT

KRC 9-2011

Supporting the Department's objectives to promote permanency, safety and reduced reliance on out of home care, the Kinship Section's mission is to: promote, increase and sustain legal permanency for children, adolescents and young adults in relative and legal guardianship placements.