

Kinship Resource Center Caregiver Referral Form

Date: Language:

Caregiver Name:

Address:

Telephone #: Alternative#:

E-Mail Address:

State ID # (if applicable):

Caregiver D.O.B.:

Relationship to Child:

Child Name:	DOB:

Referred By:

CSW Name:	CSW Phone Number:
SCSW Name:	SCSW Phone Number:

Regional Office Name:

Referral Reason:

**Kinship Resource Center
421 S. Glendora Ave. Suite #100
West Covina, CA 91790
Office: (626) 430-3200
Fax: (626) 919-6291**

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THANK YOU FOR YOUR SUPPORT

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.