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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](mailto: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**