

**KINSHIP CAREGIVER SUPPORT PROGRAM**



**SCREENING / CONTACT  
Form**

**A. Eligibility / Screening:**

- 1. Caregiver is a grandparent / other relative providing primary care to one or more children.  
YES                      NO
- 2. Child(ren) is/are 18 years of age or younger.      YES      NO
- 3. Grandparent / other relative lives with the child(ren).      YES      NO

**If answered YES to all – continue to #4.**

- 4. Grandparent / other relative caregiver is a licensed foster parent.      YES      NO
- 5. Child(ren) has/have an open case with DSHS Child Welfare Services or Child Protective Services.      YES      NO

**If answered YES to either #4 or #5, STOP – Caregiver is not eligible for KCSP assistance. Refer caregiver to DSHS caseworker to access the Relative Support Services Fund.**

**If answered NO to both #4 and #5 – continue to #6.**

- 6. Grandparent / other relative caregiver’s annual gross household income falls at or below the following financial eligibility standards for number of persons in household.      YES      NO

Household Size	Average Annual Income	Average Monthly Income
1	\$19,608	\$1,634
2	\$26,400	\$2,200
3	\$33,204	\$2,767
4	\$40,008	\$3,334
5	\$46,800	\$3,900

Income Scale is based on 200% FPL Income Guidelines

**If answered YES to #6 – continue to #7.**

- 7. Grandparent / other relative caregiver has/have exhausted all other resources for financial assistance to address this service need.      YES      NO

**If answered YES to #7 – caregiver is eligible for KCSP assistance. Continue to part B. Caregiver Contact Information.**

**If answered NO to #7 – refer caregiver to appropriate resources for assistance. Caregiver is not eligible for KCSP assistance.**

**B. Caregiver Contact Information:**

Date of screening / contact: \_\_\_\_\_

1. Caregiver's name: last first		2. Gender: Male Female	
3. Address		City	State
		Zip Code	
4. Caregiver's Age: 30-44 45-59 60-74 75-84 85+		5. Telephone Number:	
Date of Birth (month/day/year): _____			
Spouse Name: _____ DOB _____			
Ethnicity/Race _____			
6. Caregiver's Relationship to Child(ren): Grandparent Other Relative (specify):		7. Total Number in Household:	
8. Caregiver's Average Annual Household Income:			
Less than \$5,000		\$30,000 to \$39,999	\$70,000+
\$5,000 to \$9,999		\$40,000 to \$49,999	
\$10,000 to \$19,999		\$50,000 to \$59,999	
\$20,000 to \$29,999		\$60,000 to \$69,999	
9. Caregiver's Ethnicity/Race: White / Caucasian Black / African American Hispanic Origin Asian / Pacific Islander		American Indian / Native Alaskan Other Unavailable	10. Caregiver's Primary Language (see codes below):

Language Codes (listed alphabetically):

- |                          |                        |               |               |
|--------------------------|------------------------|---------------|---------------|
| 0 North American Native  | 14 German              | 28 Other      | 42 Vietnamese |
| 1 American Sign Language | 15 Greek               | 29 Polish     | 43 Yakama     |
| 2 Amharic                | 16 Hindi               | 30 Portuguese | 44 Yugoslav   |
| 3 Arabic                 | 17 Hmong               | 31 Puyallup   |               |
| 4 Braille                | 18 Hungarian           | 32 Romanian   |               |
| 5 Cambodian              | 19 Ilocano             | 33 Russian    |               |
| 6 Cantonese              | 20 Italian             | 34 Salish     |               |
| 7 Chinese (General)      | 21 Japanese            | 35 Samoan     |               |
| 8 Czech                  | 22 Korean              | 36 Spanish    |               |
| 9 Dutch                  | 23 Laotian             | 37 Tagalog    |               |
| 10 English               | 24 Large Print English | 38 Thai       |               |
| 11 Farsi                 | 25 Mandarin            | 39 Tigrigna   |               |
| 12 Finnish               | 26 Mein                | 40 Ukrainian  |               |
| 13 French                | 27 Norwegian           | 41 Unknown    |               |

**C. Child / Care Recipient Information:**

**Complete information for all children 18 years of age or younger in household.**

1. Child's Name: last                      first	Date of Birth (month/day/year):  Ethnicity/Race:
2. Child's Name: last                      first	Date of Birth (month/day/year):  Ethnicity/Race:
3. Child's Name: last                      first	Date of Birth (month/day/year):  Ethnicity/Race:
4. Child's Name: last                      first	Date of Birth (month/day/year):  Ethnicity/Race:
5. Child's Name: last                      first	Date of Birth (month/day/year):  Ethnicity/Race:

**D. Services Requested:**

Transitional Counseling

- Cost(s): \_\_\_\_\_

Emergency Financial Assistance for Basic Needs (housing, food, clothing, supplies)

- Item(s): \_\_\_\_\_
- Cost(s): \_\_\_\_\_

**E. Other Unmet Needs:**

Legal Services

Transportation

Interpreter Services

Assistive Technology Devices / Durable Medical Equipment / Medications

Other (please list):

**Children's Home Society & Community Caring Program Coordinators:** Your signature confirms that kinship caregiving family / household has not received KCSP funded basic services or assistance exceeding \$1,000.00 within the last twelve months.

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

**Reason for Caregiving: Primary reason(s) for caregiving if you know**

<b>Reason</b>	<b>Number</b>	<b>Reason</b>	<b>Number</b>
<b>Substance Abuse</b>		<b>Serious Illness</b>	
<b>Mental Illness</b>		<b>Disability</b>	
<b>AIDS</b>		<b>Family Dysfunction</b>	
<b>Death of Parent</b>		<b>Lack of Parenting Skills</b>	
<b>Incarceration of Parent</b>		<b>Homeless</b>	
<b>Teen Parent</b>		<b>Other: [                    ]</b>	
<b>Neglect</b>		<b>Other: [                    ]</b>	
<b>Abuse</b>		<b>Other: [                    ]</b>	
<b>Abandonment</b>		<b>Other: [                    ]</b>	

**Notes:**