



Caregiver Permission to Contact Form

Kinship caregivers are grandparents, other relatives, and family friends who are full time caregivers of children. The New York State Kinship Navigator is a state-wide program that provides information and assistance to 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 Kinship Navigator services, please call 877-454-6463 or email navigator@nysnavigator.org. Please go to the other side of this page, where you can complete the permission to contact form.

PERMISSION FOR THE KINSHIP NAVIGATOR TO CONTACT YOU

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

Permission for Kinship Navigator to call you: Yes No (If No, Stop here)

Signature: _____ Date: _____

1. **Name of Primary Caregiver:** _____

(Please PRINT legibly)

2. **Mailing Address:** _____ Apt Number: _____

City: _____ State: _____ Zip: _____

3. **Home Phone:** Area code: _____ phone: _____ - _____

4. **Cell Phone:** Area code: _____ phone: _____ - _____

5. **Other Phone:** Area code: _____ phone: _____ - _____

6. **Email Address:** _____

7. **What language do you prefer?** English Spanish Other _____

8. **Preferences for contact (check all that apply)**

Time of day: Morning (9-12) Lunchtime (12-1) Afternoon (1-4) Evening (4-6)

By Email Mail Home Phone Cell Phone

9. Would you agree for the referring worker to contact KN to inquire if contact was made? Yes No
(If No, we will respect your privacy.)

Instructions for Staff: Please complete the information below, and fax this form to 585-456-1676 or email a scanned copy to navigator@nysnavigator.org.

Unit: _____ County: _____

Staff Person: _____

Child Welfare Staff Only: Types of Placement:

"Temporary" (No Article Ten); Article Ten "direct"; Article Ten into Article Six;

KinGAP; Other _____

Does the client have a Safety Plan in place? Yes No

Brief Description of Caregiver Situation/Needs: _____

Date fax/email sent ___/___/___

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

FAX NUMBER: 585-456-1676