

Kansas Family Advisory Network Initial Referral Form

Referral Date:	_				
Family Information					
Family:		DC)B:	Sex/Race/	
First	Last				
Address:			City:	Zip:	
Home Phone:		(Cell Phone:		
Email Address:		\	Work Phone:		
Family Members Information:					
Spouse/Partner Name:		D	OB:	Sex/Race/	
Child Name/Age		Child Nan	ne/Age		
Child Name/Age		Child Nan	ne/Age		
Who referred you to KFAN?					
Self Agency	Therapist	Friend	_ Family	Other	
Why are you seeking assistance from K	FAN?				
What do you see as your family's stren	gths?				
What needs do feel you or your family	have?				
How do you see KFAN helping you?					

I am currently interested in knowing more about the following information.

Please mark next to all that applies:

DCF Services/Resource	Fatherhood Programs	Job Help Assistance	Ways I Can Help Others
Help with My Child	Healthy Relationship	Medical/Mental	Parent Mentorship
Welfare/Court Case	Family Training	Health Services	Program
Family Support	Choices Family	Parenting	Housing
	Training	Educational Classes	
Court Support	Spiritual Service	Advocacy Meetings	Other

1.	What is your preferred method of contact?text phone call email
2.	What is the best available time to contact you?morning afternoonevenings
3.	Are you wanting us to accompany you to any appointments? yes no If yes, what type of appointments? yes no
4.	Do you have reliable transportation?yesno
5.	Are there any types of community resources you are needing help connecting to? yes no
	If yes, what kind of community resources?
6.	Would you like to see a KFAN counselor for therapy services? yes no If yes, do you currently have health insurance? yes no
7.	Would you like a KFAN Chaplain or Minister to contact you for spiritual support? yes no
8.	Do you have anyone in your life you can turn to for support? yes no
	Do we have permission to contact them? If yes, please list three people: Name: Number: Name: Number:
·	You Can Expect From KFAN. We will respond to any email/call within 24 hours and if we do not have an answer for you, yet we will still contact you back and let you know that we are working on it. If calls are made to KFAN during the weekend, they will be returned during regular business hours Monday-Friday. We will work hard to connect you to the resources you need. Complete honesty even in hard conversation as we want the best for you. To support you for as long as you need our assistance. We will call if your appointment has to be cancelled. Generally this only happens during other family crisis, sickness or some form of major conflict that we could not get another KFAN staff to keep the appointment with you.
What Y	We Expect from You Please do not call after 6pm unless there is a life-threatening emergency. Please call us if something happens in your life that influences the case, if there is an emergency and if there are any new changes with your case workers. Always be open and honest with us as we are not here to judge you but to help you. Please advise at least two weeks in advance of any upcoming court dates and/or case plan meetings you would like us to attend with you to be able to provide you with support. Please be on time for appointments and if you are needing to cancel an appointment with us, please advise us as early as possible or at least 48 hours in advance.
Signatu	ure: Date: