



Kansas Family Advisory Network  
Initial Referral Form

Referral Date: \_\_\_\_\_

**Family Information**

Family: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex/Race \_\_\_\_/\_\_\_\_  
                    First                                      Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Family Members Information:**

Spouse/Partner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex/Race \_\_\_\_/\_\_\_\_

Child Name/Age \_\_\_\_\_ Child Name/Age \_\_\_\_\_

Child Name/Age \_\_\_\_\_ Child Name/Age \_\_\_\_\_

**Who referred you to KFAN?**

Self \_\_\_\_ Agency \_\_\_\_ Therapist \_\_\_\_ Friend \_\_\_\_ Family \_\_\_\_ Other \_\_\_\_\_

**Why are you seeking assistance from KFAN?**

**What do you see as your family's strengths?**

**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:

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

1. What is your preferred method of contact?  
 text    phone call    email
2. What is the best available time to contact you?  
 morning    afternoon    evenings
3. Are you wanting us to accompany you to any appointments?    yes    no  
 If yes, what type of appointments? \_\_\_\_\_
4. Do you have reliable transportation?  
 yes    no
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: \_\_\_\_\_  
 Name: \_\_\_\_\_ Number: \_\_\_\_\_

What 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 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.

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