

Racine County Human Services Department  
 - KINSHIP APPLICATION -

Date:

Time:  AM /  PM

Staff taking report:

Court Ordered Kinship  Non Court Ordered Kinship

CAREGIVER	Name	DOB	SSN	Race	Sex	Employment	Relationship to child
Address:						Phone:	

<b>CHILD for Kinship</b>	Name	DOB	SSN	Race	Sex	SSI?	Relationship to caregiver
Child's Mother:							
Child's Father:							
<b>CHILD for Kinship</b>	Name	DOB	SSN	Race	Sex	SSI?	Relationship to caregiver
Child's Mother:							
Child's Father:							
<b>CHILD for Kinship</b>	Name	DOB	SSN	Race	Sex	SSI?	Relationship to caregiver
Child's Mother:							
Child's Father:							
<b>CHILD for Kinship</b>	Name	DOB	SSN	Race	Sex	SSI?	Relationship to caregiver
Child's Mother:							
Child's Father:							

<b>OTHER CHILDREN in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER CHILDREN in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER CHILDREN in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER CHILDREN in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER ADULTS in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER ADULTS in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>
<b>OTHER ADULTS in home</b>	<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Race</b>	<b>Sex</b>	<b>Relationship</b>

Native American Heritage:  YES /  NO

Date of Placement:

Court-ordered Placement:  YES /  NO

Child Protective Services Case:  YES /  NO

Assigned CPS Worker:

Delinquency Case:  YES /  NO

Assigned Delinquency Worker:

Reason Relative is caring for the child: