



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

Caregivers: 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. **Preferred Phone:** (____) _____ - _____ **Alternate phone:** (____) _____ - _____

4. **Email Address:** _____

5. **What language do you prefer?** English Spanish Other

6. **Preferred time and method for contact (check all that apply):**

Morning (9-12) Lunch time (12-1) Afternoon (1-3) Late Afternoon (3-5)

Phone Email

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

Referring Agency: _____

If referred by Child Welfare, please indicate type of placement:

Safety Plan; Kinship Foster Care; KinGAP; Legal Custody; Legal Guardianship; No Formal Designation

Brief Description of Caregiver Situation/Needs:

What resources has the caregiver already been referred to:

Non-Parent Grant

Kinship Care Program/ Permanency Resource Center

Legal Assistance

Date fax/email sent ___/___/___

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

Please complete all information, and either fax this form to **585-456-1676** or email a signed copy to navigator@nysnavigator.org