

FAMILY PATHWAYS

Striving to Strengthen Families

Emergency Caregiver - Formal Foster/Kinship Care Referral Form

Foster/Kinship Care Applicant: _____ County: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: Home: _____ Work: _____ Cell: _____
Relationship to child: _____ (i.e. paternal grandfather, maternal aunt. etc.)
School district of foster/kinship care applicant: _____

Foster/Kinship Children in Placement with Applicant				
Child's Name	Case Number	Date of Birth	Gender	Date Placed

Race/Ethnicity: _____ Black/African American _____ American Indian/Alaskan Native _____ White
(Check all that apply) _____ Hispanic _____ Asian _____ Hawaiian/Other – Pacific Islander _____ Yes / _____ No
Family Service Plan Goal: (Check all that apply) _____ Return Home _____ Permanent Kinship _____ PLC
_____ Adoption _____ Permanent Other

Birth Parent Information:

Birth Mother	Birth Father
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Telephone: _____	Telephone: _____

Status and Contact with Non-Custodial Parent: _____

Will birth parents be referred for services at Family Pathways (supervised visits, counseling, etc.)?

Please check: _____ Yes / _____ No **Describe services:** _____

Specific Needs/Behaviors of Child: (Check all that apply)

_____ Property Destruction _____ Fire Setting _____ Allergies/Meds _____ Hospitalizations
_____ Sexual Aggression _____ Lying _____ Runaway _____ Drug and Alcohol _____ Stealing
_____ Enuretic/Encopretic _____ Suicide Idealization _____ MH Services _____ MR Services
_____ Violence towards people/animals _____ Depression _____ Physically Disabled

Other and/or Comments: _____

Involvement with Other Agencies: _____

Legal Status: _____ Dependent _____ Delinquent _____ Dependent/Delinquent _____ Not Adjudicated

Next Court Date: _____

_____ Children and Youth Agency has verified preliminary criminal background and Childline clearance for foster/kinship caregivers. CYS Initials: _____ Childline Representative: _____ Date: _____

_____ Children and Youth Agency will forward copies of birth certificate(s) and social security number(s) upon receipt.

Authorized to Place: _____ Yes / _____ No If yes, reason for placement: _____

Authorized Signature and Referring Agency

Caseworker and Date of Referral

Please call Family Pathways at (724) 284-9440 for questions. Fax completed referral form to:
(724) 284-9441 or mail to Family Pathways, 100 Brugh Avenue, Butler, PA 16001

Information for Kinship Resource Home:

Family Pathways

Striving to Strengthen Relationships

Placement Requirements: (for kinship or temporary foster care- within 60 days of referral)

- Caregivers must be at least 21 years of age- or a waiver is needed
- Household member 18 years and older must obtain Criminal, Child Abuse, FBI Clearances, and comply with the Act 160 process
- If 18 and over and lived in another state in the past 5 years, obtain child abuse and criminal clearances from that state
- Each caregiver must obtain a physical and provide a list of medications and purposes
- Each caregiver must provide 3 references and their contact information
- Provide copies of: (if applicable)
 - Drivers licenses
 - Car registrations
 - Car insurance
 - Homeowners/renters insurance-
 - Social Security Statement (ssa.gov/myaccount)
 - 2 recent pay stubs- if applicable
- Complete Trainings- total of 12 hours required
 - Mandated Reporter (www.reportabuse.pitt.edu)
- Placement Application
- Passing water test (if well or spring water)
- Meet home study/home safety requirements- Overall Safety
 - Children must have their own bed
 - Children of the opposite sex cannot share a bedroom if one of the children are age 5 or older
 - Child safety locks for medications and toxic substances if child is 5 or under
 - Covers on open electrical outlets if child is 5 or under
 - Heat, electric, running water, etc
 - Guns in the home must be locked and ammunition stored and locked separately
 - Fire extinguisher in the kitchen
 - Smoke detectors on every level of the home including basement and attic
 - Car seats/booster seats if applicable
 - If a pool is at the home, must follow ordinance for safety requirements (fence, locked deck, etc)
- Comprehensive orientation/policy paperwork/home study- approximately 2 hours

If you have any questions, please feel free to contact us at 724-284-9440.

Ashley Rummel
Placement Supervisor

Tracy Belles
Placement Supervisor

Monarch Place, 100 Brugh Avenue, Butler, PA 16001, Phone 724-284-9440 Fax 724-284-9441*
The Almira, 1001 East Washington Street, New Castle, PA 16101, Phone 724-656-6330 Fax 724-656-6331*
Visit our website at: familypathways.net

