KEEP ME SAFE
Parenting Time and Exchange Centers
AGENCY REFERRAL FORM

Date: **Type:** **Location:**

Child Sexual Abuse Case: ◯ YES ◯ NO ◯ Undetermined

Selecting YES will open an additional form. Please complete both forms.

Referral Info

Name: _____ Referring Agency:_____

Phone:_____ Email:_____

Referral Reason: ◯ Out-of-home placement **Number of Visits per Week**: _____

◯ Family court/court ordered **Length of Visits**: _____ (hours)

◯ Other _____

Parent Contact Info

Visiting Parent 1		Relation to Child:	
Address:		Phone Number:	
Email:		Race:	
Gender:		Date of Birth:	
Visiting Parent 2		Relation to Child:	
Address:		Phone Number:	
Email:		Race:	
Gender:		Date of Birth:	
Other Visitor		Relation to Child:	
Address:		Phone Number:	
Email:		Race:	
Gender:		Date of Birth:	

Children's Information **"Resides With" means name and relationship to the child*

Child 1

Name:	DOB:	Gender:	Race:
Resides With:		Phone:	
Address:		Email:	
Transportation Provider:		Phone:	
Allergies or special considerations:			

Child 2

Name:	DOB:	Gender:	Race:
Resides With:		Phone:	
Address:		Email:	
Transportation Provider:		Phone:	
Allergies or special considerations:			

Child 3

Name:	DOB:	Gender:	Race:
Resides With:		Phone:	
Address:		Email:	
Transportation Provider:		Phone:	
Allergies or special considerations:			

Child 4

Name:	DOB:	Gender:	Race:
Resides With:		Phone:	
Address:		Email:	
Transportation Provider:		Phone:	
Allergies or special considerations:			

CLICK HERE to include additional children

Foster Parent(s): *(if applicable)*

Name: _____ Email: _____

Phone: _____

Is contact permitted between foster family and visiting parent(s)? ◯ YES ◯ NO

Guardian Ad Litem: *(if applicable)*

Name: _____ Email: _____

Phone: _____

Billing Information: *(if applicable)*

Name: _____ Address: _____

Phone: _____ Email: _____

Preferred Visit Days and Times: (if known)

Please provide a summary and background information related to this family or case. This information greatly assists KMS in providing a safe, nurturing environment and allows KMS to ensure staff is aware of any specific safety concerns or special needs unique to this family.

SEND TO KMS