



nəx^wqíyt nəx^ws'káyámí
PORT GAMBLE S'KLALLAM TRIBE

Kinship Support Services Program
 Intake

Kinship Support Services is used for the purpose of meeting the basic needs of the child(ren) with kinship caregivers to support the placement. To be eligible for Kinship Support Services, the applicant must be caring for an extended relative or kin minor child(ren) and have taken on the role of the parent.

Applicant's Information:

Name: _____ DOB: _____

Home Address: _____

Mailing Address (if different): _____

Email Address: _____ Phone #: _____

Tribal Affiliation: Enrolled/Direct Descendant of PGST Enrolled in Other Tribe _____ Non-Tribal

Applicant Residency: Resides on PGST Reservation Resides within Kitsap County Other _____

Children in the Home:

Name: _____ DOB: _____

Relation to Applicant:
 Grandchild Niece/Nephew Sibling Other Kin: _____

Tribal Affiliation:
 Enrolled or Direct Descendant of PGST Enrolled in Other Tribe _____ Non-Tribal

Name: _____ DOB: _____

Relation to Applicant:
 Grandchild Niece/Nephew Sibling Other Kin: _____

Tribal Affiliation:
 Enrolled or Direct Descendant of PGST Enrolled in Other Tribe _____ Non-Tribal

(If additional space is needed, please the back of the form or an additional sheet of paper and provide the same details)

Applicant Signature: _____ Date: _____

(By signing this form, you are agreeing to receive communication from the Kinship Support Program regarding available groups, trainings, and resources. If you would prefer not to, please notify the staff member you are returning this to)

Staff Use Only: Approved Denied

Formal Guardianship
 Open Dependency
 Informal Kinship Care

Comments/Notes:

Kinship Staff Signature: _____ Date: _____