



Do you have a support network? Other family, friends, community organizations/church, etc.  Yes  No

Are you receiving assistance from any of the following:

Affordable Connectivity  Medicaid or CHIPS for Child  LIHEAP/Fuel Assistance  SNAP (food stamps)  
 Child Care Assistance-CCAP  TANF  TANF Kinship Care  TANF Child Only  WIC  
 Tribal Commodities  Other (specify): \_\_\_\_\_

Do any of the kinship children have a caseworker from a Human Service Zone (formerly county social services) or Tribal Child Welfare/Social Services?  Yes  No  Unknown

If Yes, Name of Caseworker \_\_\_\_\_

Type of Placement  
 Child Welfare (CPS, In Home or Foster Care)  Tribal Child Welfare  Private

Are the kinship children at risk of being placed in a foster care home (non-kinship/stranger) if not living with you?  Yes  No  Unknown

Do you have any legal rights for the kinship children?  
 Power of Attorney (POA)  Guardianship (under state court)  Tribal Custody (Tribal Court)  
 Other (specify): \_\_\_\_\_  None

Do you know if the child(ren) have any diagnosed needs, such as IEP, ADHD, Mental Health, etc.?  Yes  No  Unknown

If Yes, List Needs \_\_\_\_\_

**NEEDS ASSESSMENT**

Completing the assessment helps identify your, and the current needs and prioritize assistance in finding the resources and tools you may need to be successful in being a kinship caregiver.

Indicate your needs by marking a number which best represents situation:  
 0 - No need, 1 - Low need, 2 - Moderate need, 3 - High need, 4 - Urgent need

| INITIAL NEEDS   | NO<br>0                  | LOW<br>1                 | MOD<br>2                 | HIGH<br>3                | URG<br>4                 | COMMENTS |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Bedding (beds/cribs)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Clothing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Childcare   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Food  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Hygiene Products (Diapers, feminine products, toothbrush, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Housing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Medical Assistance-Self   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Medical Assistance-Child(ren)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Financial (Food, utilities, housing, medical, etc.)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Transportation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| TRAINING AND SUPPORT INFORMATION NEEDS                          | NO<br>0                  | LOW<br>1                 | MOD<br>2                 | HIGH<br>3                | URG<br>4                 | COMMENTS |
| Understanding your Role   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Advocating for Child  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Respite or Time Away  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Parenting Skills (Discipline, rules, boundaries, etc.)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Child Development   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

| <b>TRAINING AND SUPPORT INFORMATION NEEDS (continued)</b>                                   | <b>NO<br/>0</b>          | <b>LOW<br/>1</b>         | <b>MOD<br/>2</b>         | <b>HIGH<br/>3</b>        | <b>URG<br/>4</b>         | <b>COMMENTS</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Age Appropriate Activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Education (School enrollment, IEP, tutoring, supplies, etc.)                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Budgeting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Time Management   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Employment Resources (you or the youth)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Home Safety (CPR, Fire extinguisher, smoke/ carbon monoxide detectors, Childproofing, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Legal   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Nutrition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| ADHD/ADD  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Autism  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Concerning Behaviors (list in comments)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Children Experienced Trauma   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Stress Relief   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Grief and Loss  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Anger Management  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Conflict Resolution   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Family Communication  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Family Counseling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Individual Counseling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Support Group   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |

**OTHER**

Do you have any other needs, concerns, or comments?

How did you hear about Kinship-ND?

Do you have full time care of the kinship child(ren) you listed as living in your home?  Yes  No

Does the parent of the kinship child live in your home more than 3 days a week?  Yes  No

**Authorization to Disclose Information-Only possible if you have Power of Attorney, Guardianship, or Tribal Custody**  
**Attach a copy of your power of attorney, guardianship, or tribal custody documents**

|  |      |       |                  |
|--|------|-------|------------------|
| Name of Caregiver (Print Name) _____   |      |       |                  |
| I hereby authorize mutual disclosure of information pertaining to  |      |       |                  |
| <input type="checkbox"/> Eligibility <input type="checkbox"/> Participation <input type="checkbox"/> Coordination of Assistance <input type="checkbox"/> Payment/Billing |      |       |                  |
| <input type="checkbox"/> Other (specify): _____  |      |       |                  |
| Initial next to the offices you will allow information to be shared or received  |      |       |                  |
| _____ Kinship-ND   |      |       |                  |
| _____ Human Service Zone - specify zone(s): _____  |      |       |                  |
| _____ Tribal Child Welfare - specify Tribe(s): _____   |      |       |                  |
| _____ North Dakota Courts  |      |       |                  |
| _____ Economic Assistance Programs (TANF, SNAP, CCAP, WIC, etc.)   |      |       |                  |
| _____ Aging Services (If seeking respite assistance for the Lifespan & Family Caregiver Support programs)  |      |       |                  |
| _____ School or Day Care _____   |      |       |                  |
| _____ Legal Firm _____   |      |       |                  |
| _____ Other (specify below):   |      |       |                  |
| Organization or Individual's Name  |      |       | Telephone Number |
| Address  | City | State | ZIP Code         |

**Non-discrimination:** The Department of Health and Human Services (DHHS) makes available all services and assistance without regard to race, color, sex, age, disability, national origin, religion, political beliefs, or status with respect to marriage or public assistance.

**Electronic Communications:**

The privacy and security of electronic communications cannot be guaranteed. Electronic Communications from the Department containing protected health information (PHI), individual identifying information, or other confidential information will be encrypted (secure) unless you request and consent to unencrypted (unsecure) electronic communications. Electronic communications may be included in your record.

I have read the statement above and want emails containing protected health information (PHI), individual identifying information, or other confidential information in the following format:

- Encrypted (secure) electronic communications. You will need to complete a couple steps to open the email.
- Unencrypted (unsecure) electronic communications. The added security protections that safeguard the contents of electronic communications are removed and is like a standard email.

Please verify you have completed the application in full and sign below before submitting the application.

- I verify everything above is accurate and I have listed all people who live in my home.

|  |      |
|--|------|
| Caregiver signature ** If completing on the computer typing your name counts as your signature | Date |
|--|------|

**To submit the application:**  
**Email completed form to [Kinship@nd.gov](mailto:Kinship@nd.gov)**

**OR**

**Mail to:**  
**Kinship-ND**  
**ATTN: Christiana Pond**  
**600 E. Boulevard Ave, Dept 325**  
**Bismarck, ND 58505-0250**

**For questions call 701-328-1453**