

**Kids Plus**

2124 Fourth Avenue, Suite 300  
Seattle, WA 98121-2308

**206-205-6157** Fax 206-296-7484

TTY Relay: 711

www.kingcounty.gov/health

**-Kids Plus Referral-**

Referral Date: \_\_\_\_\_

Referral Source (Name & Organization): \_\_\_\_\_ Phone: \_\_\_\_\_

Call back requested?  Yes  No

Family Aware:  Yes  No

Head of Household: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter needed?  Yes  No

OK to text?  Yes  No Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Patient approval for texting: I agree to get text messages from Public Health – Seattle & King County to tell me about the services available to me. No more than 2 messages will be sent to me if I don't reply. Text messages may expose your personal information. Please password-protect your phone

Where is family currently staying? \_\_\_\_\_ Anyone in household pregnant?  Yes  No

**Children (Name & DOB)**

◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
◆ \_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Adults in household/relationship: \_\_\_\_\_

Family participated in Coordinated Entry? \_\_\_Yes \_\_\_No Is family in permanent housing? \_\_\_Yes \_\_\_No

Does the family have access to health and behavioral health services as part of PSH? \_\_\_Yes \_\_\_No

**Services Needed:** (Child Development, Medical, Social Support, Behavioral Health, Dental, Housing):

\_\_\_\_\_

*Fax referrals: Attn: Kids Plus to 206-296-7484.*

*For any questions or to contact the program directly call 206-477-8330.*

Kids Plus is a public health program serving families whose medical, behavioral health, or developmental needs are impacted by living homeless.

**Kids Plus Staff Only**

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_  Entered in to Database

Contact Attempts: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_\_

First Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_\_

Unable to contact

Call Back to Referent

Referred for Kids Plus Case Management

Outreach Closed: \_\_\_\_/\_\_\_\_/\_\_\_\_