Department of Children & Youth

Ohio Kinship and Adoption Navigator (OhioKAN)

Request & Authorization to Contact

By this voluntary authorization, I hereby request and give my permission to the Ohio Kinship and Adoption Navigator Program ("OhioKAN") to contact me in person, by phone, by written mail, and/or by electronic mail. I understand that in contacting me, OhioKAN may request to collect the following personal identification information:

- Basic demographic information on household members, such as name, phone numbers, email, address, or date of birth
- Program eligibility information
- Other information necessary to provide appropriate service or referrals

Additionally, for the purposes of providing me with individualized services, I understand that OhioKAN may request the following information from me:

- Service providers I have used in the past
- Information on support systems
- Information on school and employment
- Other information necessary for service provision

I acknowledge that OhioKAN adheres to strict privacy and confidentiality standards and is committed to protecting my personal information. However, I understand that OhioKAN may share personal information without my permission in certain circumstances, including when such disclosure is required by law.

Family Name: Date:

Family Signature:

Home Phone: Cell Phone:

Email Address:

Street Address:

City & Zip:

County:

Referring Agency:

Please upload completed forms at ohiokan.ohio.gov/make-a-referral/