



PLEASE RETURN THIS FORM BY:

**12/01/16**

Fax: (951) 253-7120

Email: [kstraush@riversidesheriff.org](mailto:kstraush@riversidesheriff.org)

School's Information

Referring School: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Parent/Guardian's Information

Foster Parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Does the family have a form of transportation? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Has the family been assisted by Cops for Kids during the Holidays before?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

If YES – How many times? \_\_\_\_\_

**CFK OFFICE USE ONLY**

Delivery \_\_\_\_\_ Breakfast \_\_\_\_\_

CFK Family # \_\_\_\_\_

Previous Assistance \_\_\_\_\_

Screened by \_\_\_\_\_

Approved by \_\_\_\_\_

Rejected by \_\_\_\_\_

