

Request and 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.

Print Name: _____	Date: _____
Signature: _____	
Home Phone: _____	Cell Phone: _____
Email Address: _____	
Street Address: _____	
City & Zip: _____	County: _____
Referring Agency: _____	

Please upload completed forms at ohioKAN.jfs.ohio.gov/make-a-referral/ or submit by email to Roxana Bell, OhioKAN Program Coordinator, at roxana.bell@kinnectohio.org.