

KEEP ME SAFE
Parenting Time and Exchange Centers
Self-Referral Form

Today's Date:

Your Name:

Phone:

Email:

Address:

Date of Birth:

Is one caregiver a
registered predatory
offender:

YES

NO

Has there been a claim of child sex abuse?

YES

NO

Relationship to the child:

Other Caregiver's Name:

Phone:

Email:

Address (if known):

Date of
Birth:

Relationship
to the child:

VISIT: Keep Me Safe is able to accommodate up to two (2) visits per week for up to 1 hour each.

Number of Visits per Week:

Length of Visits: 1 hour

EXCHANGE: Keep Me Safe is able to accommodate up to two (2) exchanges per week.

Number of Exchanges per Week:

Location : Mankato

Reason for Referral:

Family Court Ordered

OFP/HRO/DANCO

Personal agreement
with other caregiver

Other:

Do you have transportation
to/from the center:

YES

NO

Do you have access to and use email:

YES

NO

Child's Information

Child 1

Name: Date of Birth: Gender: Race:

Resides with: Phone: Email:

Transportation Provider: Phone: Email:

Allergies or special considerations:

Child 2

Name: Date of Birth: Gender: Race:

Resides with: Phone: Email:

Transportation Provider: Phone: Email:

Allergies or special considerations:

Child 3

Name: Date of Brith: Gender: Race:

Resides with: Phone: Email:

Transportation Provider: Phone: Email:

Allergies or special considerations:

Child 4

Name: Date of Birth: Gender: Race:

Resides with: Phone: Email:

Transportation Provider: Phone: Email:

Allergies or special considerations:

Child 5

Name: Date of Birth: Gender: Race:

Resides with: Phone: Email:

Transportation Provider: Phone: Email:

Allergies or special considerations:

Scheduling

Is there currently an agreed upon schedule? YES NO Is there a court ordered schedule? YES NO

Please describe your availability for scheduling visits at KMS and/or your current visit schedule.

NOTE: There are many factors involved when KMS creates the schedule, including but not limited to: parent requests, children’s schedules, transportation providers, center availability, and staffing capacity. KMS works diligently to meet the needs and requests of all parties involved and must manage and consider all of the above when creating the schedule. **KMS has final discretion regarding all scheduling. Confidentiality and privacy restrictions do not allow KMS staff to discuss scheduling limitations.**

What safety concerns do you have:

What else would you like KMS to know?

Submit your referral form by e-mailing it to kms@cadamn.org or mailing it to P.O. BOX 466, Mankato MN, 56002. If you have questions you can contact the Program Manager at kms@cadamn.org or by calling 507-625-8688 ext. 115.

The Program Manager will contact you as soon as possible after receiving the referral form to discuss next steps or to schedule an orientation. **Both the custodial and visiting caregiver must submit a referral form before orientation can begin. KMS is not able to mandate services and there must be an outside agreement between both parties to start visits.**

The overall intake and scheduling process can take several weeks depending on number of referrals, availability and communication from all parties. KMS does their best to ensure the process moves as quickly as possible, but please prepare for a delay between submitting this form and getting visits started.