



Kinship of Cumberland & Turtle Lake,

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POWER LUNCH REFERRAL FORM

Name of Child: _____ Age: _____ Birthdate: _____

School: _____ Grade: _____ Teacher Name: _____

Name of Parent(s): _____

Address: _____

Phone: _____ Email: _____

Child is primarily in who's home? _____

Marital Status of Parent (circle): Married Separated Widowed Divorced Single

Has the program been discussed with the child? Yes No

Does the child want a Power Lunch mentor? Yes No

Reason for referral: _____

Background Information on the Child

Personality: _____

Interests: _____

Likes: _____

Dislikes: _____

General Ability: _____

Any other health or physical problems: _____

Any other information that you feel may be helpful?

Do you have any preferences or concerns about the person who may be matched with the child? (age, gender, marital status, religion, lifestyle, etc.)

Referral made by: _____

Your Phone Number: _____ Email: _____

To be filled out by school counselor and/or student's teacher:

Filled out by: Counselor Teacher

Has the program been discussed with the parent(s)? Yes No

If the program has not been discussed with the parent(s), would you be willing to do so?

Yes No

Does the parent want a Kinsperson for the child? Yes No