

# KenTra Care Kids Mentorship Program

## Intake Sheet



If you are a caregiver or an inmate who has a child or children and you are interested in our Mentorship Program, please complete the short form below. A representative will contact you upon receipt.

Correctional Institution	
Inmate Number	
Name	
Childs Name	
Child's City State Zip	
Child's Gender	
Guardian Name	
Guardian Relationship	
Guardian's Phone Number	