



# Referral Form

### Please fax or mail to:

**FAX:** 360-715-8522

**Address:** 2602 McLeod Rd, Bellingham, WA 98225

**Phone:** 360-715-0170

I authorize Whatcom County Early Support for Infants and Toddlers (ESIT), Children with Special Health Care Needs, Single Entry Access to Services (SEAS), Whatcom Center for Early Learning (WCEL), Developmental Disabilities Administration, School District, Health Care or Social Service Organization staff to release my name, address, phone number, and e-mail to The Arc of Whatcom County so that I may receive information regarding The Arc including resource information, events, and programs they provide to individuals with intellectual and developmental disabilities (IDD), children with special health care needs, and their families.

\_\_\_\_\_  
Signature Relationship to Child/Individual with IDD Date

Client has provided verbal consent to contact \_\_\_\_\_ (Please Initial)

Referred by: \_\_\_\_\_  
Name Phone FAX

### I am interested in:

- Parent Coalition / P2P Newsletter (print version)
- Parent Coalition / P2P e-Alerts & electronic newsletter
- Down syndrome Outreach
- Helping Parent Match
- Parent to Parent (P2P)
- Padres a Padres
- Sibling Support & Sibshops
- Super Sitters
- Young Adult Self-Advocacy (ages 16 – 30)
- Registering for an Upcoming Workshop
- Becoming a member of The Arc
- I have a specific question or issue and would like to be contacted for 1 on 1 support

Notes:

Name \_\_\_\_\_

Child/Individual's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

