



IMPRESO DE REFERENCIA- REFERRAL FORM

Padres a Padres del Condado de Whatcom- Parent to Parent Whatcom

Providing emotional support and information to families of children with developmental disabilities, delays and ongoing health care needs.

Los programas de apoyo de Padres a padres ofrecen apoyo emocional e información a las familias de niños con necesidades especiales y/o enfermedades crónicas.

Please Fax or Mail to:

Address: 2602 McLeod Road, Bellingham, WA 98225

FAX: (360) 715-8522

Attn: Parent to Parent

Email: familia@arcwhatcom.org

Phone: (360) 715-0170 x308

I would like to receive (quiero recibir):

- Parent to Parent Newsletter (boletín de padres a padres) :
 - Email/anuncios electronicos
 - Hard copy (de papel)
- Please call. I'd like information about Parent to Parent (Por favor llámame. Quiero información sobre padres a padres)

- Information on Super Sitters*
- A Parent Match (Una pareja de padre Ayudante)

Parent name(s) (nombres de los padres) _____

Child's name (nombre del niño/ de la niña) _____ D.O.B.(fecha del nacimiento) _____

Address _____ City (ciudad) _____ Zip _____

Phone: Cell _____ Home _____ E-mail _____

Notes: _____

Referred by: _____

Name

Phone

Fax

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, Social Service Organization, or others to release my name, address, phone number, and e-mail address to Parent to Parent of Whatcom County so that I may receive information regarding Parent to Parent, including the resource information and event programs they provide to families that have children with special needs in my community.

Signature _____

Relationship to child _____

Date _____

Verbal Consent _____

Receive Referral Will contact family

Added family to mailing list

P2P Staff

Date