



**NO WRONG DOOR
FAMILY INFORMATION FORM**

| | |
|--|--------------|
| Family | |
| Contact by: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Youth | |
| Name of Parent/Legal Guardian or Youth: | |
| Street Address of Parent or Legal Guardian or Youth: | |
| City/Town: | Postal Code: |
| Phone: () | E-Mail: |
| Need transportation: <input type="checkbox"/> yes <input type="checkbox"/> no | |

| Child/Youth (First and Last Name) | Gender | D.O.B. (yyyy/mm/dd) |
|-----------------------------------|--------|---------------------|
| | M / F | |

| | | |
|--|------------|--------------------|
| Reason for Contact | | |
| What is your need? | | |
| Did someone suggest you contact us? | Y / N | Who? |
| Does the child/youth have a diagnosis? | Y kg/ N | Name of diagnosis: |

Child/Youth Name: _____

Use the *Early Identification for Children and Youth Reference Guide* to identify the appropriate service provider. (Tab 3 in binder)

I am supportive of a referral for service(s) to _____ .
The written reason for referral is accurate and has been discussed and explained to me. I give permission for this information to be shared electronically with the service delivery agency identified above. I understand that a paper and electronic file may be created and that I may be contacted in the future for research and evaluation purposes. I understand that the agency identified above will contact me directly to arrange an intake interview.

Parent/Guardian/Youth _____ Date _____

OR I have explained and discussed the information contained in this referral form and consent statement with the Parent/Guardian/Youth and have received their verbal consent to provide this referral.

| Completed By | |
|-----------------------|---------------|
| Name: | Organization: |
| Phone Number: () | Email: |
| Date (yyyy/mm/dd): | |
| Faxed or E-Mailed to: | |

| Attachment(s) | Y/N | List: |
|---------------|-----|-------|
|---------------|-----|-------|

| Follow-Up |
|-----------|
| Date: |
| Action |