



Peer Support & Advocacy Intake Form

Date: _____

Orange County – No Cost

INFORMATION			
<u>Child Name</u>		<u>Date of Birth</u>	<u>Preferred Gender</u> <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> they <input type="checkbox"/> other _____
<u>Child's School</u>		<u>Grade</u>	
<u>Child's Strengths</u>			
<u>Child's Hobbies</u>			
<u>Behavioral Issues at School? (explain)</u>			
<u>Is there an IEP in place?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please include a copy with referral if IEP advocacy is a need</small>	<u>Preferred Language</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other	
PARENT/GUARDIAN INFORMATION			
<u>Parent/Guardian Name</u>			
<u>Address</u>			
<u>Cell Phone</u>	<u>Work Cell</u>	<u>Home Cell</u>	<u>Parent/Guardian Email</u>
REFERRING AGENCY INFORMATION			
<u>Referring Agency:</u>		<u>Person Completing Form:</u>	
<u>Address</u>	<u>Phone</u>	<u>Email</u>	
FAMILY NEED			
Caregiver Peer Support <input type="checkbox"/> IEP Advocacy <input type="checkbox"/> Child Welfare Advocacy <input type="checkbox"/> Juvenile Justice Advocacy <input type="checkbox"/>			

Return completed referral to:
info@ffcflinc.org

For Office Use Only

Date Received: _____ Date Contact Made: _____ Scheduled appt: Yes No