



The family voice for child and youth mental health

2605 Maitland Center Pkwy, Suite D
Maitland, FL 32751 PH: 407.334.8049

Info@ffcflinc.org

www.ffcflinc.org

Peer Support & Advocacy Intake/Referral Form

Date: _____

Orange County

Seminole County

Osceola County

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 *(if applicable)*

<u>Referring Agency:</u>		<u>Person Completing Form:</u>	
<u>Address</u>	<u>Phone</u>	<u>Email</u>	

FAMILY NEED

Caregiver Peer Support IEP Advocacy Child Welfare Advocacy Juvenile Justice Advocacy
 Respite Information Other _____

Return completed to:
info@ffcflinc.org

For Office Use Only

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