



CONFIDENTIAL
REFERRAL FORM



Referred by: Professional Parent

Please complete this form to refer a family to California Hands & Voices CARES CPRC.
Send form to info@carescprc.org in confidential mode or mail to our business address at the bottom of this form.

Parent/Guardian's Information (*required)

| | | | |
|-------------------|------------|------------|------------------------|
| *Adult First Name | *Last Name | *DOB | Gender M F X |
| *Address | *City | *Zip Code | *Relationship to Child |
| *Phone | *Email | *Ethnicity | *Preferred Language |

Child's Information (*required)

| | | | |
|---------------------------|--------------------|--------|------------------------------|
| *Child's First Name | *Child's Last Name | *DOB | Gender M F X |
| | | | Yes No Unknown |
| *Child's Primary Language | *School District | *Grade | Is the child on an IFSP/IEP? |

Comments/Reason for Referral

Referring Agency Information (Required if the person referring is not the parent)

| | | |
|------------|-----------|--------------------------|
| First Name | Last Name | Position/Title |
| Phone | Email | Referring Agency Address |

Family interested in referral for (check all that apply)

| | | |
|--------------------------------|------------------------|--------------------------------------|
| Support Group | Individualized Support | Adult Transition |
| IFSP/IEP Training | Early Childhood | California Children's Services (CCS) |
| Community Resources /Workshops | Youth Self-Advocacy | Regional Center |

For Referring Professionals, please be advised we will not be able to provide you with information without consent from the family.

Parent / Guardian Consent. Parent, by signing below you indicate that you agree and understand that:

1. The shared information will only be used to coordinate and plan resources and referrals for my child and our family.
2. I understand that CA H&V CARES CPRC staff members(s) will be contacting me to follow up on my concern for my child.
3. I may rescind my permission at any time by writing a note to the agencies/individuals above. Expires_____
4. A Photocopy of this form is as valid as the original and I request a copy.
5. I give permission to California Hands & Voices CARES and the referring agency exchange information regarding my child.

Parent/Guardian Signature

Today's Date

*Parent / Guardian Printed First & Last Name