Parents Helping Parents of SLO

1146 Farmhouse Lane San Luis Obispo,
CA 93401

Family Referral Form

Name of Child/Adult:_____ Date:_____

Date of Birth:_____ Gender: ☐ Female ☐ Male ☐ Prefer not to respond

Diagnosis:_____ School/Day Program Attending:_____

Primary Language:_____ Secondary Language:_____

Child/Adult Ethnicity (write number):_____

1 Caucasian/White 2 Hispanic/Latino 3 Black/African American 4 Native American/Alaska Native
5Asian/Pacific Islander 6 Other Asian 7 Bi/Multiracial 8 Other:_____

RegionalCenter: ☐ Yes ☐ No ☐ Early Start ☐ Unsure, please clarify:_____

Does the Child/Adult have the following? ☐ IFSP ☐ IEP ☐ IPP

Primary Caregiver Information First Name:_____Last Name:_____

Relationship: ☐ Parent ☐ Foster ☐ Kinship/Grandparent Other:_____

Primary Language:_____ Secondary Language:_____

Parent's Ethnicity (write number):_____ 1 Caucasian/White 2 Hispanic/Latino 3 Black/African American 4 Native American/Alaska Native
5 Asian/Pacific Islander 6 Other Asian 7 Bi/Multiracial 8 Other:_____

Secondary Caregiver Information First Name:_____ LastName:_____

Relationship: ☐ Parent ☐ Foster ☐ Kinship/Grandparent Other:_____

Primary Language:_____ Secondary Language:_____

Secondary Parent's Ethnicity (write number):_____ 1 Caucasian/White 2 Hispanic/Latino 3 Black/African American 4 Native American/Alaska Native 5 Asian/Pacific Islander 6 Other Asian 7 Bi/Multiracial 8 Other:_____

Mailing Address:_____ City:_____ CA Zip:_____

Email Address:_____

Cell Phone:_____ Home Phone:_____

I consent for the _____ (referring agency) to send this referral to PHP.

Parent Signature:_____

Verbal permission (instead of signature) obtained from parent: ☐

Referred by/Service Coordinator:_____ Agency:_____

Telephone #:_____ Email:_____

Reason for Referral: ☐ General Support

Family needs support with:_____

Insurance: _____

Free and Reduced Price Meal (FRPM): ☐ Yes ☐ No

TCRC ONLY Child's UCI #:_____

Utilizing PHP as a Medicaid Waiver billable service: ☐ Yes ☐ No

Email this form to PHP: 805-543-3277 or php@ucp-slo.org