

Medical Office:

Date:

Referred by:

Phone #

Family Name:

Phone #:

R_x for Family Support

As your medical provider, we would like to help connect you to the non-medical resources that you and your child may find helpful (early intervention, parenting education, family support, basic needs etc.).

Please call the following number for follow-up help:

360-699-2030

I agree to an information exchange between my health provider and any of these agencies (Childcare Resource & Referral, Children's Home Society of WA, Clark County Public Health, Infant Toddler Early Intervention Program) and give permission for the Family Advocate to contact me.

Signature:

For a Medical emergency call 911, General Information
and