Skagit County
c/o SPARC
320 Pacific Place
Mt. Vernon WA 98273
P: 360.416.7570 x 401
F: 360.416.7580
www.skagitp2p.org
Support for families whose children have special needs

REFERRAL for SERVICES

Date: ____/____/____

☐ Urgent Request

PARENT/GUARDIAN INFORMATION *(please print legibly)*

PARENT/GUARDIAN #1 Last Name _____ **First Name** _____

Relationship to Child _____ Language _____

PARENT/GUARDIAN #2 Last Name _____ **First Name** _____

Relationship to Child _____ Language _____

Mailing Address _____

City _____ County _____ Zip _____

E-mail Address _____ Phone _____

CHILD with SPECIAL NEEDS INFORMATION

Child's Last Name _____ **First Name** _____

Gender: ☐ Female ☐ Male Date of Birth: ___/___/___ Language: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Developmental Delays: ☐ No ☐ Yes, please describe: _____

_____

Special Health Care Needs: ☐ No ☐ Yes, please describe: _____

_____

REFERRAL INFORMATION

Referral Initiated by: ☐ Parent/Guardian ☐ Relative/Friend ☐ Professional ☐ Other_____

FIRST NAME	*LAST NAME*	*AGENCY/CLINIC*	*PHONE*	*E-MAIL*

■ Permission for Skagit P2P staff to contact parent? ☐ No ☐ Yes; contact via ☐ Phone ☐ E-mail

■ Parent wants to be connected to another family whose child has a similar need? ☐ No ☐ Yes

■ Parent wants to be added to Skagit P2P mailing list? ☐ No ☐ Yes

Send form to Skagit P2P via FAX: 360.416.7580 or e-mail: p2poffice@sparckids.org