Parent to Parent of Georgia

Referral Form

***Supporting Georgia Families of Children with Disabilities***

 2100 Comer Avenue • Columbus, GA 31904

(706) 225-6372 • Fax (706) 327-1355 • Toll Free (800) 229-2038

 [www.p2pga.org](http://www.p2pga.org)

We are your **First Stop** for help! We want to be **THE** source of choice for support, information, education and leadership development for Georgians with disabilities or special health care needs and their families. We are Georgia’s **Babies Can’t Wait Central Directory**, **Family to Family Health Information Center** (F2F), and **Parent Training and Information Center** (PTI).

**Please let us know how we can help:** YES NO

Would you like to find out what resources are available in your area? \_\_\_\_ \_\_\_\_

Would you like printed information about:

* + Your child’s disability/condition? \_\_\_\_ \_\_\_\_
	+ Medicaid, waivers, or healthcare finance? \_\_\_\_ \_\_\_\_
	+ Early literacy/early childhood development? \_\_\_\_ \_\_\_\_
	+ Discipline and behavior? \_\_\_\_ \_\_\_\_
	+ Educational rights and responsibilities? \_\_\_\_ \_\_\_\_
	+ Other? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

Would you like to talk to another parent? \_\_\_\_ \_\_\_\_

Would you like to know about free training sessions? \_\_\_\_ \_\_\_\_

Would you like to know how you can get involved with other parents

 or in your community? \_\_\_\_ \_\_\_\_

PLEASE PRINT:

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Parent(s) Name Phone Number Race

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Initial here if you do not want to receive*

Email Address *emails from Parent to Parent* \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone/Other Number County of Residence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Child’s Gender Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Diagnosis/Diagnoses

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PrintedName of Referring Individual Signature of Referring Individual Date

Referral Source Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The services of Parent to Parent of Georgia are provided at no cost to your family.

*Please mail or fax this completed form to Parent to Parent at the above address or fax number.*

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