196 Water St. Elizabethtown, NY 12932 Phone: (518) 873-9544 Fax: (518) 873-9570

PERMISSION TO CONTACT FORM

Date: _____

Referral Source (name, title, organization, phone): _____

_____

Child's Name: _____DOB: _____Gender:_____

Physical Address: _____

Type of Health Insurance (if known): _____

Parent / Guardian Name:_____ Phone: _____

Parent/Guardian email address: _____

Reason for Referral (What changes would you like to see? What support are you looking for?):

_____

_____

_____

Are there other agencies involved? ☐ Yes (please list below) ☐ No

_____

By submitting this form, I acknowledge and agree that I have:

- I have discussed my/our concerns with the family,
- The family is in agreement with the submission of this form,
- The family understands that Families First will not tell anyone about their situation or any services that are received unless an additional release of information is signed
- The caregivers agree to be contacted by a staff member at Families First to discuss needs of the identified youth.

Signature of person submitting form: Date:

_____

Families First in Essex County, Inc. serves all areas of Essex County and parts of neighboring counties including: Clinton, Franklin, Warren, and Washington