



ASK Family Support Referral Form

Dear Family Member,

ASK is a non-profit family support organization. Our mission is to empower parents raising children with mood, behavioral and emotional disorders by providing support, training and advocacy skills. Like you, ASK Family Support Partners are parents of children with mood, behavior and emotional challenges. Family Support Partners offer first-hand knowledge and experience to assist other families in obtaining the services, resources, and supports necessary to meet the needs of their children and families. We often assist families in their relationships with their children's schools, mental health providers, and other agencies. We also offer support groups and informational programs.

Shortly after you complete this form, an ASK Family Support Partner will contact you with more information. ASK support is free, confidential, and available to families raising children with mood, behavioral and emotional disorders residing in Kalamazoo County. We welcome the opportunity to work with you.

Parent/Caregiver Name (first and last)

Child/Youth's Name (first and last)

Birth Date

Street Address

City

State

Zip

Home Phone

Cell Phone

E-mail Address

Parent/Caregiver Signature

Date

Referring Agency if applicable (name and phone number)

Instructions for Agency Staff: Please FAX the completed form to the ASK Office at (269) 978-0287. An ASK Family Support Partner will call the parent/caregiver as soon as possible. If you would like to know the status of a referral, please attach a signed release of information form. ASK services are available to all interested families and will be tailored to meet the unique needs of the family. Thank you!

FOR ASK OFFICE USE ONLY

Dates of Attempted Contact		
1.	/	/
2.	/	/
3.	/	/

Action Taken
<input type="checkbox"/> Individual Intake Form
<input type="checkbox"/> Letter Mailed
<input type="checkbox"/> Follow up with referral