

Have you applied for and/or received services from Licking or any other County Board?

Yes No If Yes, where and for how long? _____

How did you hear about us? Community Event Daycare/Childcare/School Doctors Office

Family/Friends Movie Theater/Radio Ad Pamphlet/Poster/Flyer/Billboard Social Media

Other/Misc:

What prompted you to call? What kind of help do you need?

Schools attended/types of classes:

Agencies involved with:

Diagnoses:

Employment:

Additional Information:

Name of Person Making Referral: _____ Relationship: _____ Phone: _____

Received by: _____ Date: _____