

**Wayne County
Request for Service Coordination**

Date: _____

Child's Name: _____ DOB: _____
Address: _____ Sex: F : M
City: _____ School District: _____
Telephone: _____ School Grade Level: _____
School Placement: Regular CD LD MH MR/DD

Other Children Names & DOB: _____

Mother's Name: _____ Legal Custodian: ____ Yes ____ No
Address: _____ Employer: _____
City: _____ Telephone: _____

Father's Name: _____ Legal Custodian: ____ Yes ____ No
Address: _____ Employer: _____
City: _____ Telephone: _____

Organizations Currently Involved with the family (include a *J* for all family members)

- | | | |
|--|---|---|
| <input type="checkbox"/> School _____ | <input type="checkbox"/> Your Human Resource Center | <input type="checkbox"/> Health Care Provider _____ |
| <input type="checkbox"/> Children Services | <input type="checkbox"/> Every Women's House | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> STEPS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> MR/DD (Ida Sue) | <input type="checkbox"/> The Counseling Center |
- Referral Source: _____

Reason for Referral:

Name of Person Completing Form: _____

Telephone Number: _____ Email Address: _____

Signature of Parent(s) or Entity with Legal Custody of Child(ren)

Print Name

Signature

Date Received _____

Print Name

Signature

Date Received: _____
