|  |  |
| --- | --- |
| **Individual:** Enter name | **Facility:** Select facility |
| **Name of SDM/LG/AR:** Enter name **Address:** Enter address | **Relationship to individual:** Select relationship**Telephone:** Enter number |
| **Community Services Board**: Enter CSB | **Support Coordinator**: Enter SC name |
| **Staff Completing Call:** Enter name | **Date:** Select date |

1. Describe your child’s experiences with living in community settings.

Enter text

2. What are your concerns and preferences regarding community settings?

Enter text

3. Are you interested in visiting community settings? If so, what services?

Enter text

4. Are you interested in a family to family peer support facilitator?

Enter text

5. Other comments/Next Steps:

Enter text

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Contact** | **Person Contacted** | **Staff Entering Information** | **Note** |
| Select date | Enter text | Enter text | Enter text |
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