



Parent Self-Referral Form

Family Center for Children and Youth with Special Health Care Needs

Fax 517-241-8970

Family Phone Line 800-359-3722

www.michigan.gov/cshcs

cshcsfc@michigan.gov

Parent Support

Parent to Parent Support Network (to be connected/supported by a Parent Mentor)

Information on becoming a trained Parent Mentor to support other families

Information on how to apply for a Conference Scholarships

Information on how to apply for a Camp Scholarships

Information on available Sibling Support/Workshops/Sibshops

Information on Family/Youth Transition Services and Supports

Information on Bereavement Support and Resources

Information on how to apply to join the Family Leadership Network

Information on available Community-Based Organizations

Information on available State or National Organizations

Sign up to receive the Quarterly Newsletter

Other - please specify:

Information to be Released (please print)

Parent/Caregiver/Legal Guardian's Name

Best Phone Number to Reach You

Child's Name

Child's Primary Diagnosis

Parent's Email Address

Child's Date of Birth

Home Address

Home City, State, Zip

County of Residence

Race/Ethnicity

Primary Language

Parent's Signature

Today's Date

By signing this form, I give permission to have a Parent Consultant from the Family Center to contact me regarding my concerns listed above.