



# Professional 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](http://www.michigan.gov/cshcs)

[cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)

## Professional Support

**Information about the Parent to Parent Support Network**

**Information on how parents can become a trained Parent Mentor**

**Information on how families can apply for a Conference Scholarships**

**Information on how families can 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 parents can 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)

Organization/Work Name

Organization/Work Phone Number

Organization/Work Description

Organization/Work Fax Number

Organization/Work Address

Organization/Work City, State, Zip

Professional's Name

County of Organization/Work

Professional's Email

Organization/Work Website

Professional'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.