

## BIRTH FAMILY CONTACT INFORMATION

Youth's Name \_\_\_\_\_

It is our commitment to work cooperatively with all of the important people in your child's life. Please help us by providing contact information for yourself, and keep the bottom part of the form, which has our toll-free number and your child's assigned social worker's name. Enclosed you will find a self addressed stamped envelope for your convenience in returning this information.

YOUR NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

\_\_\_\_\_

WHAT IS THE BEST TIME TO REACH YOU AT THIS NUMBER?

DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_ WEEKEND \_\_\_\_\_

IS IT OK TO LEAVE A MESSAGE?      YES \_\_\_\_\_ NO \_\_\_\_\_

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW:

\_\_\_\_\_

(USE BACK IF YOU NEED MORE SPACE)

*I plan on attending the meeting to discuss my child's Individual Treatment Plan    yes    no*  
*(Circle response)*

THANK YOU VERY MUCH, WE LOOK FORWARD TO HEARING FROM YOU SOON

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**THE TWELVE OF OHIO, INC.**  
**221 GULF RD.**  
**ELYRIA, OH 44035**

YOUR CHILD'S SOCIAL WORKER \_\_\_\_\_

SOCIAL WORKER'S SUPERVISOR \_\_\_\_\_

TOLL FREE PHONE NUMBER: **1-888-512-9665**

Regular office hours are 9am to 5pm weekdays

(Rev - 2/2/04)