

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.
619 TREMONT AVE. S.W.
MASSILLON, OHIO 44647**

YOUR CHILD'S SOCIAL WORKER _____

SOCIAL WORKER'S SUPERVISOR _____

TOLL FREE PHONE NUMBER: **1-888-513-8706**

Regular office hours are 9am to 5pm weekdays

(Rev - 2/2/04)