

# Broward Children's Center Respite Program

## Program Application and Demographics Form

Instructions: Please complete the below information for self-referral or to refer a family for services. Return this form to Julnyca Cadet, Respite Coordinator via Email to [Julnycac@bcckids.org](mailto:Julnycac@bcckids.org) or Fax to 954-943-2267. Upon receipt a program representative will contact you to begin the intake process.

Referral Date: \_\_\_\_\_

Referring Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Referral \_\_\_\_\_

### Special Needs Client: *(if more than one, oldest child)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Diagnosis: \_\_\_\_\_

*\*Please return **documentation of diagnosis** for child with this completed form. Documentation can be any of the following: copy of IEP or IFSP (only portion noting qualifying diagnosis needed); copy of script or evaluation from the doctor or hospital noting diagnosis*

Address: If same as Parent above, check here:  If Address different, list below:

\_\_\_\_\_

### Parent Information:

Name: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Language(s) Spoken or preferred: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Address info (building name or number, community name, etc):

\_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Pertinent Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_