

FAMILY NETWORK ON DISABILITIES OF BROWARD COUNTY

**Request for Services Questionnaire
(ALL INFORMATION MUST BE COMPLETED)**



Student's Name _____ Date of Birth _____

Social Security Number (last 4 digits only) _____ Current Age _____

Male Female US Citizen Yes No

Race: White Black Alaskan American Indian Asian Multiracial Hawaiian
 Pacific Islander Other _____

Ethnicity: Not Hispanic Mexican Puerto Rican Cuban Other Spanish/Hispanic/Latino _____

Country of Birth: _____ Language(s) spoken in the home _____

Parents are: Married Never Married Divorced / Separated Domestic Partnership Other _____

Child lives with _____

Child is Medicaid eligible Yes No

Child has private insurance Yes No

Mother's Name: _____	Father's Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
E-mail: _____	E-mail: _____

Street Address _____

City _____ Zip _____

Referred by _____

Student's Primary Disability _____

Student's Current School _____ School Phone _____

Teacher's Name _____ Current Grade _____ ESE Specialist _____

IEP Program Eligibility _____ Type of Class _____
(Example: ASD, IND, EBD, OHI, etc.) (Example: Cluster, General Education, Resource Room, etc.)

Emergency Contact Information		
Name: _____	Phone _____	Relationship to child _____

Briefly explain why you feel you need assistance advocating for your child.