



701 South Main Street  
Akron, OH 44311

(330) 376-7273 Fax: (330) 376-1226 Email: pcpd1@yahoo.com  
Birth to Three Services for Summit County Families

## FAMILY SUPPORT CHECKLIST

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF REFERRAL \_\_\_\_\_ SC/AGENCY \_\_\_\_\_

S/C PHONE# \_\_\_\_\_ EXT \_\_\_\_\_

FAMILY'S CONCERNS OR  
NEEDS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- FAMILY WOULD LIKE TO BE ADDED TO MAILING LIST
  - FAMILY WOULD LIKE TO BE ADDED TO EMAIL LIST
  - FAMILY WOULD LIKE TO RECEIVE KIT (KIT IS A ORGANIZATIONAL TOOL TO KEEP PAPERWORK TOGETHER)
  - FAMILY WOULD LIKE TO RECEIVE DEVELOPMENTALLY APPROPRIATE ACTIVITY IDEAS
  - DEVELOPMENTAL AGE INFORMATION ALREADY GIVEN
  - FAMILY WOULD LIKE TO HAVE FAMILY SUPPORT SPECIALIST CONTACT THEM
- WHEN WOULD THE FAMILY WANT TO BE CONTACTED

\_\_\_\_\_ AM/PM  
PHONE OR EMAIL \_\_\_\_\_ WEEK, MONTH, ETC. DAY OF WEEK TIME OF DAY

- FAMILY DOES NOT WANT TO BE ON THE MAILING LIST OR CONTACTED AT THIS TIME

FAMILY WOULD LIKE INFORMATION ON:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX COMPLETED CHECKLIST TO 330-376-1226  
ATTN: FAMILY SUPPORT**