



Advocating for people with intellectual and developmental disabilities

Referral Form

Please fax or mail to:

FAX: 360-715-8522

Address: 2602 McLeod Rd,
Bellingham, WA 98225

Email: parentcoalition@arcwhatcom.org

Phone: 360-715-0170 x303

I authorize Whatcom County Early Support for Infants and Toddlers (ESIT), Children with Special Health Care Needs, Single Entry Access to Services (SEAS), Whatcom Center for Early Learning (WCEL), Parent to Parent (P2P), Developmental Disabilities Administration, School District, Health Care or Social Service Organization staff to release my name, address, phone number, and e-mail to The Arc of Whatcom County so that I may receive information regarding The Arc including the resource information and event programs they provide to families that have children with special needs in my community.

Signature _____	Relationship to Child _____	Date _____
<input type="checkbox"/> Individual has provided verbal consent to contact _____ (Please Initial)		

I am interested in:

- Parent Coalition Newsletter
- Parent Coalition e-Alerts
- Registering for an Upcoming Workshop
- Down syndrome Outreach
- Young Adult Self Advocacy (ages 16 – 30)
- Becoming a member of The Arc
- Volunteering with The Arc, ICC, or Taking Action
- I have a specific question or issue and would like to be contacted for 1 on 1 support

Notes:

Name _____

Child's Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Other _____

Email _____