



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**