

Match Request Form

Learning that your child has a disability can be overwhelming and confusing. Many parents of children who have been recently diagnosed are full of questions and concerns. Having one-on-one support from another parent who has “been there” can be helpful in answering your questions and letting you know that you are not alone.

Connecticut Parent Advocacy Center’s (CPAC) Family Connections program is for parents in Connecticut who have a child with a disability, ages birth to three years old who are receiving services through Connecticut’s Birth to Three System. CPAC matches parents, one-on-one, with other experienced parents who also have children with disabilities, and are able to provide answers to questions, a listening ear, resources and guidance. Parent matches are made based on the children’s disabilities, ages and location in the state.

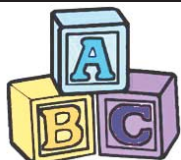
Please complete the form below if you would like to be part of the Family Connections program.

Birth to Three staff should fax, email or mail the referral form to CPAC at 860-739-7460, cpac@cpacinc.org or 338 Main Street, Niantic, CT 06357.

If you are sending the referral on behalf a parent, please indicate your relationship to the parent.

Primary Caregiver Information					
Name					
Street Address					
City		State		Zip Code	
Home Phone			Preferred time to call		
Cell Phone					
E-mail Address					
Relationship to child			Primary Language		

Child Information			
First Name			Gender ____ Boy ____ Girl
Birth Date (M/D/Y)			Age at Diagnosis
Primary Diagnosis			
Secondary Diagnosis			
Concerns			



All information will be kept confidential. We will contact you prior to matching you with another parent. At that time, we will request your approval of the match and your permission to share some of your information with the parent you are matched with.