

# Buffalo Welcome Sheet

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Program(s) child will be enrolled in:  YES  YLB  Video Visiting  Other: \_\_\_\_\_

## Participant Contact Information

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City

State

Zip

## Additional Contact Information

**If we need to reach someone in the event of a medical emergency or other emergency situation, whom should we contact?**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Besides your emergency contact, is there someone who will always know how to reach you if you should move or if we have difficulty in locating you?**

Contact One - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Two - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Is there any other information that would be helpful in locating you if you should move?

\_\_\_\_\_

**Child's Incarcerated Parent:**  Mother  Father  Both  Neither

**If the child does not have an incarcerated parent, identify the relationship of your child to his/her**

**Incarcerated Relative:**

Uncle

Cousin

Grandparent

Aunt

Sibling

Other: \_\_\_\_\_

**I am interested in enrolling in FamilyWorks and would like the staff at Osborne's FamilyWorks Program located at 34 Benwood Avenue, Buffalo NY 14214 to contact me. I attest that the above information is accurate.**

Participant/Parent's Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_