



Legal Aid of West Virginia
Family Advocacy Support and Training Referral Form
(Fax completed referral form and authorization to (304)-414-0418)

Date of Referral: _____ Referring Organization: _____

Contact Person: _____ Phone Number: _____

Contact Person Address: _____

Name of Child: _____

Child's Date of Birth: _____ Child's Social Security No. _____

Current Address: _____

Name of Legal Guardian: _____ Telephone: _____

Address (if different than above): _____

Email Address: _____

The Child is experiencing or has experienced (check all that applies):

- | | |
|--|--|
| <input type="checkbox"/> Anxiety and/or stress related difficulties | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Attention Deficit disorders or difficulties | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Impulse control difficulties | <input type="checkbox"/> Academic difficulties |
| <input type="checkbox"/> Learning disorder or difficulties | <input type="checkbox"/> Peer or Social difficulties |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Challenges associated with developmental disorders and/or intellectual disabilities | |
| <input type="checkbox"/> Other: _____ | |

What is/are the child's diagnosis? _____

Date of Diagnoses: _____

Is the child/family involved with WV Wraparound? Y or N (circle one)

Is the child/family involved with WV Safe at Home Y or N (circle one)

Please provide a brief summary of advocacy needed:

(Fax completed referral form and authorization to (304)-414-0418
(Please call 1-800-642-8279 with any questions)

Legal Aid of West Virginia, Inc.
Family Advocacy, Support and Training Project
Authorization to Release or Obtain Information

I, _____, hereby authorize _____
to provide _____ with the information listed below
regarding my child _____.

- ___ All records detailing my child's behavioral health care treatment or needs;
- ___ Personal records, including correspondence, detailing my child's behavioral health needs;
- ___ Court documents, contractual agreements and/or any legal documentation and information that contain information relevant to my child's behavioral health needs and/or treatment;
- ___ Educational tests or evaluations, including individualized education plans, triennial assessments, psychological and speech evaluations, and teachers' observations and evaluations.
- ___ Other: _____

I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.

I understand that there are some circumstances where this information may be re-disclosed to other parties. Legal Aid will disclose private health information only when necessary to achieve the objectives for which we are assisting the Client.

I may revoke this authorization at any time, except with respect to the actions already taken in reliance on this release. My revocation should be in writing and sent to any of my sources of Legal Aid of West Virginia.

Legal Aid of West Virginia will give me a copy of this form if I ask, and I may ask the source to allow me to inspect or get a copy of material to be disclosed.

This authorization shall be valid for 12 months from the date signed.

Signature of Parent or Guardian

Date