

Family Intake Form

Florida & Virgin Islands Deaf-Blind Collaborative

352-273-7534 800-667-4052

Please return forms by FAX: 352-273-8539 OR

MAIL: FAVI Deaf-Blind Collaborative, University of Florida, PO Box 100234, Gainesville, FL 32610

Questions? Call Shelly at 352-273-7534 OR 800-667-4052

INFORMATION ABOUT THE CHILD/YOUTH WITH DEAF-BLINDNESS

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Gender (circle) Male / Female**

County of Residence: _____

Parent / Guardian Name(s): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email address(es): _____

Best contact phone (circle) HOME / WORK / CELLULAR : _____

Other contact phone HOME / WORK / CELLULAR : _____

Diagnosis (or suspected diagnosis): _____

Other Conditions (diagnosed or suspected):

Level of Hearing Loss? _____

Level of Vision Loss? _____

Physical Disabilities? YES / NO _____

Cognitive Disabilities? YES / NO _____

Complex Health Care? YES / NO _____

INFORMATION ABOUT THE EDUCATIONAL SETTING

County where early intervention / educational services are provided: _____

Private? YES / NO Charter? YES / NO

Early Intervention (age 0-3) Setting: Home / Other: _____

Early Childhood (age 3-5) Setting: _____

School (age 6-21) Setting: _____

Agency / School Street Address: _____

City: _____ State: _____ Zip Code: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

How can we help? _____

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