

UT- Health Science Center
Boling Center for Developmental Disabilities
Fayette County Supported Parenting
Intake Form

Name _____ DOB _____

Parent Address _____

Parent Phone Number(s) _____

Referral Name & Agency _____

Referral Phone: _____ Referral Email _____

Who do you live with? _____

Is the parent employed? _____ If so, where? _____

Does the parent have any intellectual disabilities or learning challenges? _____

What do you hope for the parent to gain by attending this program?

Is there any DCS involvement with this family? If yes, please provide additional
information _____

Additional Comments/Concerns/or needed referrals _____

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- Please fax this form to Attn: Chanda Dunn @ 901-448-7097 or call 901-448-6670 with questions.