



Washington State Parent to Parent Support Programs – Referral Form

Please scan and email to:

English Speaking family: p2p@wwvdn.org

Geneva Arevalo, P2P Coordinator – (509) 255-3727

Spanish Speaking family: p2pespanol@wwvdn.org

Ysabel Fuentes, P2P Hispanic Outreach Coordinator – (509) 301-0679

I authorize ESD-123 Family Resource Coordinator, Primary Providers or Therapists, Walla Walla County CYSHCN, Walla Walla Clinic, Providence Physicians Group, Walla Walla Public Schools, College Place Public Schools, Family Medical Center, or Akin staff to release my name, address, phone number and email to the Walla Walla Valley Disability Network so that I may receive information regarding the Parent to Parent program including resources and events the Walla Walla Valley Disability Network provide to families with children/adults with special needs in my community.

Signature	Relationship to child	Date

I would like to receive:

- General Walla Walla Valley Disability Network information
- Parent to Parent Information including helping parent, events and support groups

Contact Information:

Name _____

Child's name: _____ DOB: ___/___/___ Gender: F__M__

Address: _____ City: _____ ST: _____ Zip: _____

E-mail address: _____

Home Phone: _____ Work Phone: _____

Do you want to be matched with another family with a child with similar needs? No__ Yes__