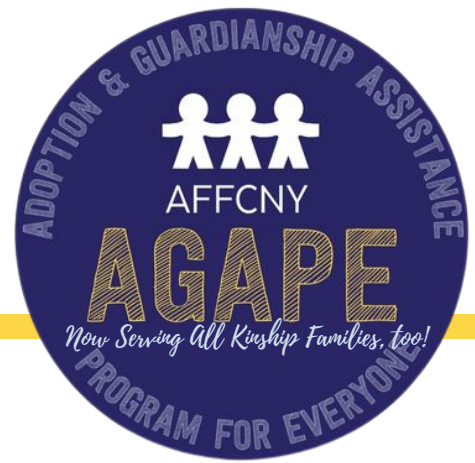


AGAPE REFERRAL FORM

ADOPTIVE AND FOSTER FAMILY COALITION OF NEW YORK

This form can be completed by staff or by the parent or guardian



FAMILY IN NEED OF SUPPORT:

Name of Primary Caregiver: _____

Street Address: _____

City: _____ Zip Code: _____

New York County: _____

E-Mail: _____ Cell Number: _____

Type of family: Adoption Guardianship Custody Kinship

Has a child in your care been adopted, or do you have guardianship through the Wendy's Wonderful Kids® program? Yes No

If yes, what is the name of your Wendy's Wonderful Kids recruiter? _____

What is the best time to contact? _____

There is an immediate need or concern.

There is no immediate need or concern, but please add me/parent to AGAPE's distribution list.

If there is an immediate need or concern, please describe: _____

Free, post-adoption support services for adoptive, kinship or guardianship families

in New York city's five boroughs (Brooklyn, Staten Island, Manhattan, Bronx, Queens) or Broome, Cortland, Dutchess, Nassau, Madison, Orange, Putnam, Rockland, Suffolk, Tompkins, Ulster or Westchester Counties and statewide for families formed through the Dave Thomas Foundation® Wendy's Wonderful Kids® program.

PLEASE SCAN AND EMAIL TO AGAPE@AFFCNY.ORG

● If self-referral:

Signature: _____ E-Mail: _____

● If agency referral:

Staff Person Name: _____ Date: _____

Agency: _____

Phone Number: _____ E-Mail: _____

Do you want us to contact you before contacting the primary caregiver? Yes No