

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 ☐ Pre-Adoptive

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
families**

in Broome, Cayuga,
Chemung,
Chenango, Cortland,
Columbia,
Delaware, Dutchess,
Greene, Nassau,
Madison, Orange,
Putnam, Rockland,
Schuyler, Suffolk,
Sullivan, Tompkins
and Ulster Counties
and ALL formed
through the Dave
Thomas Foundation
for Adoption's
program, Wendy's
Wonderful Kids®

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