The Arc of Racine County, Inc.
CONTACT DATA

Outcome: Parent/Advocate/Person with disability will increase knowledge, coping skills, sense of empowerment.

☐ New ☐ Ongoing ☐ IEP Meeting ☐ Parent/Child Advocacy ☐ Adult/Citizen Advocacy

Staff Person: _____ Today's Date: _____

(circle one)
Adult / Child _____ _____ _____
M / F DOB NAME

(circle one)
Mother/Guardian _____ _____ _____
NAME Home Phone Alt. Phone (work / cell / other)

Father/Guardian _____ _____ _____
NAME Home Phone Alt. Phone (work / cell / other)

Primary Address: _____ _____ _____
Street CITY ZIP

_____
EMAIL

Disability: _____

School: _____ **Grade:** _____

NOTES:

Outcome Information: *Ask* **"Did you get the information that you needed?"**

ACTION TAKEN: _____ Time Spent: _____

Outcome survey sent? Yes☐ No☐

☐ Af Am. ☐ Hisp/Latino ☐ White ☐ Asian ☐ Other

Household Income: ☐ above poverty $_____ ☐ below poverty $_____

☐ East of I-94 ☐ West of I-94 ☐ Other: _____