



# REFERRAL FORM

DATE: \_\_\_\_\_

REFERRING AGENCY OF SCHOOL	
CONTACT	
OFFICE PHONE	
MOBILE (IF APPLICABLE)	
EMAIL	

NOTES:

I have reviewed the dog program safety guidelines and policies of Circle of Change Dog Programs and acting in my role as \_\_\_\_\_ with \_\_\_\_\_,

ROLE AGENCY/SCHOOL

I am referring \_\_\_\_\_ as a possible participant in one of the Circle of Change Dog Programs.

NAME OF INDIVIDUAL BEING REFERRED

NAME OF INDIVIDUAL MAKING REFERRAL	DATE

**PARTICIPANT INFORMATION**

FIRST & LAST NAME	
BIRTHDAY (00/00/0000)	
IF YOUTH, GRADE & SCHOOL  IF FIRST RESPONDER, POSITION SERVED, HOW MANY YEARS.  IF VETERAN, BRANCH OF SERVICE, YEARS SERVED	
<b>CIRCLE ONE, IF APPLICABLE:</b>  <b>PARENT/GUARDIAN OR SPOUSE/PARTNER</b>	FIRST & LAST NAME
	PHONE NUMBER
	EMAIL

ADDITIONAL INFORMATION:

I CERTIFY THAT I HAVE GIVEN CONSENT TO SHARE MY CONTACT INFORMATION WITH CIRCLE OF CHANGE, SO THAT I CAN BE CONSIDERED AS A PARTICIPANT IN ONE OF THE DOG PROGRAMS.

I PREFER TO BE CONTACTED BY:

- IN PERSON
- PHONE
- EMAIL
- OTHER \_\_\_\_\_

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REFERRED INDIVIDUAL  
OR PARENT/GUARDIAN (IF UNDER AGE 18)

DATE

REFERRAL FORMS CAN BE EMAILED TO  
[CONTACT@CIRCLEOFCHANGEPROGRAM.COM](mailto:CONTACT@CIRCLEOFCHANGEPROGRAM.COM)  
OR MAILED ATTENTION: ERIN RABON,  
CIRCLE OF CHANGE,  
P.O. BOX 4343,  
ROCKFORD, IL 61110.