



Maine Parent Federation
Since 1984 . . . because every family matters

Application to be matched with a Family Support Navigator

Family Information

Name: _____

Address: _____

City/Town: _____ Zip: _____

Telephone: (Home) _____ (Cell) _____

E-mail: _____
(please print clearly)

Child's Name: _____ Age: _____

Disability/Special Health Care Need(s): _____

School: _____

I need a Family Support Navigator to assist me in/to (continue on back if needed):

I give Maine Parent Federation, Inc. permission to give this information to a Family Support Navigator (FSN) for the purpose of assisting me with the issues I have identified. I understand that a FSN will be contacting me after the Regional Coordinator receives this signed form.

Signature: _____ Date: _____