



REFERRAL

Down Syndrome Association of Wisconsin Parent's First Call Program

The Parent's First Call program offers resources for new and expectant parents, including a complimentary new parent welcome basket or an expectant parent pack. Both are full of accurate, unbiased, up-to-date information. In addition, new and expectant parents have the option of being matched with a DSAW Support Parent – another parent of a child with Down syndrome who can be a source of information and support.

Due to privacy concerns, the hospital cannot share your information with Parent's First Call without your permission. If you would like to connect with us, please complete the following information:

I grant permission to _____ (Hospital or Early Intervention Program) to release my name, address, phone number, and baby's name and date of birth to DSAW so that I may be contacted. I authorize such contact by Parent's First Call.

Signature: _____

Date: _____

First and Last Name (please print): _____

Address (street, city/town, state, zip): _____

County: _____

Preferred phone number: _____

E-mail: _____

Diagnosis: PRENATAL POSTNATAL

Baby's name and D.O.B if postnatal _____

Language Preference: English Materials Spanish Materials Other Language _____

I hereby release _____ (Hospital or Early Intervention Program), DSAW and its employees from any and all liability for any and all such claims or damages which may at any time result on account of compliance with this authorization. I also acknowledge that I am the parent or legal guardian of this baby.

I am requesting (please check all that apply):

- To be added to the DSAW mailing list and email list (statewide news and local news for my area)
- To have an Expectant Parent Pack or New Parent Welcome Basket mailed to my home (full address required)
- A phone call from a DSAW Support Parent (email and phone number must be provided above to receive this service. You will be contacted by DSAW requesting further information).
- I would like to receive information about (please check all that apply and info will be emailed or mailed to address provided)
 - Virtual Prenatal Diagnosis Support Group
 - Virtual New Parent Group
 - Grandparents Group
 - Sibling Programming
 - Other

Please FAX this form to: (414) 327-1329