



WESTSIDE
REGIONAL CENTER

AUTHORIZATION FOR REFERRAL TO
WESTSIDE FAMILY RESOURCE AND EMPOWERMENT CENTER

As the parent/guardian of _____, I hereby authorize Westside Regional Center's Intake Coordinator to refer me and my family to Westside Family Resource and Empowerment Center (WFREC). WFREC is one of Early Start Family Resource Centers that provide parent to parent support, outreach, information, and referral services to families of children with special needs and the professionals who serve them.

First and Last Name

Signature

Date

Phone number

Email address

Committed To Providing Support And Services To People With Developmental Disabilities

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