

Match Request Form

Learning that your child has a disability can be overwhelming and confusing. Many parents of children who have been recently diagnosed are full of questions and concerns. Having one-on-one support from another parent who has “been there” can be helpful in answering your questions and letting you know that you are not alone.

Connecticut Parent Advocacy Center’s (CPAC) Family Connections Program is for parents in Connecticut who have a child with a disability, ages birth to three years old. CPAC matches parents, one-on-one, with other experienced parents who also have children with disabilities, and are able to provide answers to questions, a listening ear, resources and guidance. Parent matches are made based on the children’s disabilities, ages and location in the state.

Please complete the form below if you would like to be part of the Family Connections program. Birth to Three staff should fax, email or mail the referral form to CPAC at 860-739-7460, cpac@cpacinc.org or 338 Main St, Niantic, CT 06357.

Primary Caregiver Information

Name: _____ Home Phone: _____
 Relationship to Child: _____ Cell Phone: _____
 Mailing Address: _____ Preferred time to call: _____
 City/Town: _____ Primary Language: _____
 Zip Code: _____ Email Address: _____

Child Information

First Name: _____ Gender: ____boy ____girl
 Birthdate (month/day/year) _____ Age at Diagnosis: _____
 Primary Diagnosis: _____
 Secondary Diagnosis: _____
 Concerns: _____

All information will be kept confidential. We will contact you prior to matching you with another parent. At that time, we will request your approval of the match and your permission to share some of your information with the parent you are matched with. Please return this form to your Birth to Three provider.

Birth to Three staff should contact CPAC at (860) 739-3089 or cpac@cpacinc.org



B23 Agency Use Only

Date of referral: _____
 Name of B23 Agency _____