

# IARCA Referral Assistance Request Form

Please provide information and someone will contact you. Fax number 317.576.5498.

Name of Person Requesting Information \_\_\_\_\_ Date \_\_\_\_\_

Agency and/or Relationship to Youth \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Child Information: Male Female Age \_\_\_\_\_ IQ Range: average below average above average

Presenting challenging behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of services are you seeking for this youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about IARCA? \_\_\_\_\_