



Your Choice Family Counseling/ YCFC
Empowering Kids & Teens, Wherever They Are!
❖ Community-Based Day Services for Ages 3-19 ❖

CORRESPONDENCE FORM

Date of Initial Contact: _____

Individual Name: _____ ID# _____

Purpose of the Correspondence:

(Check all that apply)

- Auditing Purposes
- Check-In
- Follow-Up from Incident/Medical or Behavioral Crisis
- Training
- Other

Information Requested (if applicable):

Name and Title of person requesting information (if applicable):

Follow-Up Date (if applicable): _____

Date Received (if applicable): _____



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Additional information provided about individual/ Updates:

Signature: _____ Date: _____