



***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):

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

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Follow-Up Date (if applicable): \_\_\_\_\_

Date Received (if applicable): \_\_\_\_\_

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Additional information provided about individual/ Updates:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_