



Getting Started

or Making a Referral

If you would like to refer yourself or a family to Community Partners, call **1-800-897-0007**, **fax information to 219-809-SAFE (7233)** or mail to Dunebrook, 7451 W. Johnson Road, Michigan City, IN 46360
ATTN: Community Partners

Date: _____

Name: _____

Address: _____

Phone: _____

____ **Yes**, I approve/consent that my contact information be shared with the Community Partners program. I understand that I will receive follow-up and outreach for the program within the next five days.

(Parent/Caregiver)

Signature _____

Referral by: _____

Agency: _____

Phone: _____

THANK YOU for your involvement and support of the Community Partners Program.