



ASSOCIATION FOR COMMUNITY LIVING
The Arc Serving Boulder & Broomfield Counties

REQUEST FOR CHILD ADVOCACY

Advocacy may be requested for: Families with children, up to age 21, who need special education services or accommodations through Boulder Valley or St. Vrain Valley School Districts (priority is given to families with a child with IDD).

Does the child have a developmental disability? Yes No Not sure

Advocacy requested for:

Date of request:

Child's name:

Date of birth:

Parent/guardian name:

Phone number:

Address:

Email:

School District: Boulder Valley St. Vrain

Name of school:

Does your child currently have an IEP? Yes No or a 504? Yes No How did you hear about the ACL?

Please tell us about the issue, situation, or concern for which you are requesting advocacy:

Demographic Information: The ACL does not charge fees for services, so in order to keep our doors open, we apply for funding from various sources. These funders require us to report on the demographics (ethnicity, zip code, age, etc.) of the people we serve. Without this funding, the ACL would be unable to provide our current level of advocacy, support, and training.

We understand that demographic information is sensitive, and we assure you no specific information is shared about you or any member of your family. All information is used for program planning and evaluation, and information reported to funders is separated from any identifying information, then totaled to show the impact of the work we do. This Information will not affect any services you receive. Thank you for your assistance in our efforts to continue to provide advocacy, support, and education free of charge.

Total family monthly income:

Number of people in household:

Child's gender:

Child's Ethnicity:

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Mixed Race/Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American or Alaska Native | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |