



*The Parent Leadership in Autism Network (PLAN) is an initiative of the Boston Medical Center Autism Program in partnership with TILL Autism Support Center. PLAN is comprised of a diverse and multilingual group of trained parent leaders who offer peer support to caregivers who have children/adolescents of any age with an Autism Spectrum Disorder. Referred matched parents are supported around various issues such as a new diagnosis, community resources, communication strategies, picky eating, school services and more. This program is free and open to anyone in the community regardless of where they receive their medical care.*

**Intake Form**

Parent/guardian name:

Date:

Referred by (please circle): Self Friend School Agency Primary Care Other BMC

Referral source/agency:

Referral Phone:

Child name:

Child Age:

Child date of birth:

Parent Home address:

Parent Telephone number:

Email address (if applicable):

Which form of communication do you prefer (**phone/ email/ text**):

Best day/time to be contacted:

Primary language spoken:

Ethnicity (optional):

Child's School/Grade/Type of classroom:

Primary reason(s) for seeking support from PLAN (please limit to two):

Any other relevant information: \_\_\_\_\_

**Return Form via email, fax or mail to:**

Liz Ferriero

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