



FIRECRACKER FOUNDATION

PERMISSION TO CONTACT FOR PROGRAMMING

Only the person giving you this form and the staff at The Firecracker Foundation will see this confidential form.

Child's Name: _____ **Parent/Caretaker Name:** _____

Taking into consideration my privacy and safety, you may contact me by:

- Phone
 - With a Message that you are from The Firecracker Foundation
 - With a message with only your first name and phone number
 - Do NOT leave a message

My Phone Number is: _____

- E-mail Address : _____
- Mail

My mailing address is: _____

I authorize The Firecracker Foundation to contact me to follow up with service referrals

Signature: _____

Date: _____

The advocate who follows up with you can provide information about:

- Caretaker Support Groups
- Individual Mental Health Therapy
- Trauma Sensitive Yoga

Referring Agency: _____ **Referred By:** _____

Contact information: _____

Return form to The Firecracker Foundation, Attn: Carol Bourne, 2450 Delhi Commerce Dr. #9, Holt, MI 48842 or email to cbourne@thefirecrackerfoundation.org. Call 517-742-7224 for more information.