



changing tides
family services

Request for Information

Name _____

Telephone Number _____

What type of information are you requesting? Please be specific, including dates, if applicable.

How would you like to receive the information? (Please check one)

Call to pick it up from our office at 2259 Myrtle Avenue in Eureka. You must provide photo identification when picking up requested information.

Send by fax. Fax number _____

Send by e-mail. E-mail address _____

Send by mail. Mailing address _____

Signature

Date

For Office Use Only

Date Request Received _____

Identity Verified by _____
staff name

Date Request Processed _____

Processed by _____
staff name

Method Pick up Fax E-Mail Mail

Carol A. Hill, Executive Director | Donna Miller-Michaud, Deputy Director

Child Care Services/Subsidies/Referrals | Special Needs Services | Mental Health Services | Parent Supports