

# York County Human Services Family Engagement Unit

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**Thank you for submitting this referral for a Family Engagement meeting! We will be reaching out to you within 2 business days to discuss your needs and begin planning for your meeting.**

**Name:**

**Phone number:**

**Address:**

**Email:**

**Primary language:**

**Household Members:**

Adult	Child	Name	Adult	Child	Name
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**What are the main challenges that should be addressed at this conference?**

**What do you hope to accomplish with this referral?**

**Anything important we should know before calling?**