



Alabama Disabilities Advocacy Program

INTAKE REFERRAL FORM

The Alabama Disabilities Advocacy Program (ADAP) provides **FREE** legal services to Alabamians with disabilities to protect their civil rights. We help with issues like special education, Medicaid, community integration, assistive technology, and ADA violations.

By completing and signing this intake referral form, you are:

- Authorizing the provider listed below to share it with ADAP.
- Authorizing ADAP to contact you so we can discuss your child's disability-related legal rights concerns with you to see what, if any, help we can offer.

By completing and signing this intake referral form, you are **NOT**:

- Entering into an attorney-client relationship with ADAP. ADAP will not become your attorney unless and until we provide you with a written agreement that describes the scope of the services that we will provide.

Provider: _____
Contact Person: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Child Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Address: _____ City: _____ Zip: _____
Preferred Phone: _____ Email: _____
Concerns/reason for referral: _____ _____ _____ _____

**Provider: please fax this form to (205) 348-3909 or
email it to adap@adap.ua.edu
Questions? Contact ADAP at (205) 348-4928**