

APAC REFERRAL FORM

TO: APAC/Central Office
181 West Valley Avenue, Suite 300
Birmingham, AL 35209
(205) 949-2722 Fax: (205) 945-8198

Adoptive Parent/s

Address

Telephone Number

Email

Child/ren	Age	placement date

WORKER/

Agency _____ **County** _____ **Date** _____

FOR APAC OFFICE ONLY

PHONE CALLS MADE					
CONTACT MADE					
PACKET MAILED					
ADDED TO MAILING LIST					
COMMENTS					