



Services to Adults with Developmental Disabilities Program (STADD)

Nanaimo, Parksville, Courtenay Site
 'Permission to Contact'

I am interested in learning more about the STADD program. The information provided below will be used by STADD staff to contact me or my legal guardian to describe the transition planning services the STADD program offers. By including the contact information below, I understand that no information on this form, or mentioned during our initial contact will be collected or used by STADD for any other, or future purpose.

Individual's Name:	Date of Birth:
Parent/ Legal Guardian/Representative (if required):	Phone Number(s):
Address:	
Email:	
Signature:	
Referring Agency:	
Date:	