

**FAMILY TO FAMILY OF RHODE ISLAND
Registration Form**



Families of people with special needs have told us that they get valuable information and support from other families who have had similar experiences. But families need easier access to each other. Thank you for helping us build a Family to Family resource network in Rhode Island!

By completing the information below, you are agreeing to act as a Family to Family resource for other families of people with special needs in Rhode Island. **The information you provide in the starred areas below (*) will be published on the Family to Family website (www.rifamilytofamily.net) and in the Family Resource Directory.** You have the option to accept phone calls or e-mails from families of people with special needs. You also have the option to share your personal knowledge and experience in the areas you check on the opposite side of this form.

Please return completed forms to: Family to Family, Family Voices at the RI Parent Information Network, 1210 Pontiac Avenue, Cranston, RI 02920. For more information about Family to Family of Rhode Island, call: 401-270-0101 x110 or 800-464-3399 x110, or email: torres@ripin.org

PLEASE PRINT:

*Name: _____ *Email: _____

Address: _____ *City: _____ State: _____ Zip: _____

*Phone: _____ *Language(s) spoken: _____

*Preferred time to be contacted by phone: ___ Day ___ Evening ___ No preference

Your family members special need, birth date, and gender (if you have more than one family member with special needs, please list each separately):

<u>* Special Need</u>	<u>* Birth Date</u>	<u>* Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Do you belong to any groups or organizations or participate in any activities that relate to people with special needs and their families? If so, please list:

Please check those that apply:

_____ I am willing to have other families contact me by **phone** and permit Family to Family of RI to publish my phone number for this purpose.

_____ I am willing to have other families contact me by **email** and permit Family to Family of RI to publish my email address for this purpose.

How did you hear about Family To Family? _____

Signature _____ Date _____

Note: You can retract or update this information at any time by calling or emailing Family Voices at the RI Parent Information Network.

(Do not feel that you need to be an EXPERT to check an area—just that you have some experience. Views families share with each other will be based on personal life experience and should not substitute for the advice of qualified professionals.) **I/We have some experience in the areas checked below and would welcome the chance to share those experiences with other families.**

EDUCATION:

- | | |
|---|---|
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> After school tutoring |
| <input type="checkbox"/> Navigating the transition to pre-school | <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Other |
| <input type="checkbox"/> Navigating the special education system | <input type="checkbox"/> Hospital schooling |
| <input type="checkbox"/> School inclusion | <input type="checkbox"/> Home schooling |
| <input type="checkbox"/> <input type="checkbox"/> Elementary | <input type="checkbox"/> School bus issues |
| <input type="checkbox"/> <input type="checkbox"/> Secondary | <input type="checkbox"/> School athletics and clubs |
| <input type="checkbox"/> Transition from school to adult life | |
| <input type="checkbox"/> Accessing college and post-secondary options | |

COMMUNITY INCLUSION:

- | | |
|---|--|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> After school care | <input type="checkbox"/> <input type="checkbox"/> For person with disability |
| <input type="checkbox"/> Inclusion in community recreational activities | <input type="checkbox"/> <input type="checkbox"/> For family members |
| <input type="checkbox"/> <input type="checkbox"/> for children | <input type="checkbox"/> Community safety (e.g., police |
| <input type="checkbox"/> <input type="checkbox"/> for teens | <input type="checkbox"/> ID registration, home safety tips, |
| <input type="checkbox"/> <input type="checkbox"/> for adults | <input type="checkbox"/> steps toward community |
| <input type="checkbox"/> Inclusion in faith communities | <input type="checkbox"/> independence |
| <input type="checkbox"/> <input type="checkbox"/> for children | <input type="checkbox"/> Taking family vacations |
| <input type="checkbox"/> <input type="checkbox"/> for adults | <input type="checkbox"/> Registering for selective service |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> (all males 18-25, regardless of |
| | <input type="checkbox"/> disability) |

HEALTH CARE – (including behavioral health):

- | | |
|--|---|
| <input type="checkbox"/> Diet and nutrition interventions | <input type="checkbox"/> Hygiene, grooming, self-dressing |
| <input type="checkbox"/> Navigating SSI/Medicaid system | <input type="checkbox"/> Sexuality and/or social skills |
| <input type="checkbox"/> Challenges of caring for medically fragile person | <input type="checkbox"/> Grieving and loss |
| <input type="checkbox"/> Accessing/managing/supervising in-home supports | <input type="checkbox"/> Accessing specialty clinics |
| <input type="checkbox"/> Acquiring durable medical equipment (including diapers) | <input type="checkbox"/> Primary care physicians familiar |
| <input type="checkbox"/> Positive behavior support | <input type="checkbox"/> with disabilities |
| <input type="checkbox"/> Issues of multiple disability | <input type="checkbox"/> Hospital stays |
| <input type="checkbox"/> Accessing dental care | <input type="checkbox"/> CEDARR Family Centers |
| <input type="checkbox"/> Feeding problems | |

EMPLOYMENT and ADULT SUPPORTS:

- | | |
|---|---|
| <input type="checkbox"/> Accessing meaningful employment in the community | <input type="checkbox"/> Understanding the adult DD |
| <input type="checkbox"/> Working with the Office of Rehabilitation Services (ORS) | <input type="checkbox"/> system |
| <input type="checkbox"/> Creative housing supports for adults with disabilities | <input type="checkbox"/> Person-directed funding |
| <input type="checkbox"/> Living independently | |

TECHNOLOGY:

- Augmentative communication
- Assistive technology for learning
- Assistive technology for independent living
- Assistive technology for the workplace

TRANSPORTATION:

- Public transit
- Specialized vans
- Adaptive driving
- Air travel (accessibility, metal detectors)

PLANNING FOR THE FUTURE:

- | | |
|--|--|
| <input type="checkbox"/> Alternatives to guardianship | <input type="checkbox"/> Self-determination |
| <input type="checkbox"/> Special needs estate planning (wills, trusts, etc.) | <input type="checkbox"/> Supported decision-making |
| <input type="checkbox"/> Person-centered planning | |

OTHER AREA(S) NOT LISTED ABOVE (please specify) _____