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), in the Family Resource Directory, and linked to the RIPIN Facebook page. 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 Ave., Cranston, RI 02920. For more information about Family to Family of Rhode Island, call: 401-272-0101 x 139 or 800-464-3399 x139, or email: townsend@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):

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<th>* Special Need</th>
<th>* Birth Date</th>
<th>* Gender</th>
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*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.

9/2011
PLEASE COMPLETE REVERSE SIDE

(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:

- _____ Early Intervention
- _____ Navigating the transition to pre-school
- _____ Navigating the special education system
- _____ School inclusion
  - _____ Elementary
  - _____ Secondary
- _____ Transition from school to adult life
- _____ Accessing college and post-secondary options

- _____ After school tutoring
- _____ Reading
- _____ Math
- _____ Other
- _____ Hospital schooling
- _____ Home schooling
- _____ School bus issues
- _____ School athletics and clubs

COMMUNITY INCLUSION:

- _____ Child care
- _____ After school care
- _____ Inclusion in community recreational activities
  - _____ for children
  - _____ for teens
  - _____ for adults
- _____ Inclusion in faith communities
  - _____ for children
  - _____ for adults
- _____ Respite Care

- _____ Support groups
- _____ For person with disability
- _____ For family members
- _____ Community safety (e.g., police
  - ID registration, home safety tips,
  - steps toward community
  - independence
- _____ Taking family vacations
- _____ Registering for selective service
  - (all males 18-25, regardless of
disability)

HEALTH CARE – (including behavioral health):

- _____ Diet and nutrition interventions
- _____ Navigating SSI/Medicaid system
- _____ Challenges of caring for medically fragile person
- _____ Accessing/managing/supervising in-home supports
- _____ Acquiring durable medical equipment (including diapers)
- _____ Positive behavior support
- _____ Issues of multiple disability
- _____ Accessing dental care
- _____ Feeding problems

- _____ Accessing meaningful employment in the community
- _____ Working with the Office of Rehabilitation Services (ORS)
- _____ Creative housing supports for adults with disabilities
- _____ Living independently

EMPLOYMENT and ADULT SUPPORTS:

- _____ Understanding the adult DD system
- _____ Person-directed funding

TECHNOLOGY:

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

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

PLANNING FOR THE FUTURE:

- _____ Alternatives to guardianship
- _____ Special needs estate planning (wills, trusts, etc.)
- _____ Person-centered planning

- _____ Self-determination
- _____ Supported decision-making
OTHER AREA(S) NOT LISTED ABOVE (please specify) ____________________