



1304 Vine Street, Jackson, MS 39202 \* 1-800-748-9398

## Family to Family Peer Support Network Parent Information Form

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Child's Disability \_\_\_\_\_

Are you willing and comfortable in speaking with other parents who have children with disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are willing to serve as a peer supporter, what topics do you feel you are most comfortable or qualified to discuss with other parents? What are some areas you have had experience and success with? Please check all that apply:

\_\_\_\_\_ Health Care Related Issues (such as selecting pediatricians, advocating with your child's medical care providers to ensure appropriate services).

\_\_\_\_\_ Educational Issues (such as school related services, special education, IEPs, therapies).

\_\_\_\_\_ Benefit Issues (such as dealing with Medicaid, home based services, resources that are available)

\_\_\_\_\_ Social Issues (such as recreation for your child, integration into day cares, school, church or other community, social, recreational activities)

\_\_\_\_\_ Transition Issues (such as moving from elementary to middle school or high school to college or helping your child learn to live independently or find a job)

\_\_\_\_\_ Locating Resources (are you familiar with a lot of different resources such as LIFE, the Arc, long term care providers, etc)?

\_\_\_\_\_ Other: Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you most interested in providing peer support via: \_\_\_\_\_ telephone  
\_\_\_\_\_ internet  
\_\_\_\_\_ face 2 face  
\_\_\_\_\_ all above

### Contact Information:

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please return this form to the address listed above – Attention: Christy Dunaway*