

**FAMILY SUPPORT NETWORK/PARENT TO PARENT OF LEWIS COUNTY
PARENT UPDATE & REVIEW 2008 - 2009**



Please take this opportunity to evaluate the publications and resources that you receive from us and let us know how we are doing. This information will be used to update and establish goals to support individuals with developmental disabilities and to fund and establish future programs.

Please complete and mail, fax or bring it by the office. Our fax number is 360-736-1436. Thank you!

AGE OF INTEREST Check boxes that apply to you or the individual(s) you support.

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth-age 6 | <input type="checkbox"/> Elementary (age 7-11) | <input type="checkbox"/> Secondary (age 12-18) |
| <input type="checkbox"/> Transition (age 18-21) | <input type="checkbox"/> College | <input type="checkbox"/> Post School Adult |

Please circle yes or no and/or write additional information on the line.

NEWSLETTER

CIRCLE ONE

Do you use information in the Newsletter and other mailings?	YES	NO
Do you share the information with others?	YES	NO
What other information would you find helpful? _____		

COMMUNITY

Do you attend any support group meetings? _____	YES	NO
Do you attend the family/group activities? _____	YES	NO
What activities would you like to see available? _____		

ADVOCACY

Are you interested in becoming a Helping Parent?	YES	NO
Can we call you to help with one or two events each year?	YES	NO
Are you attending any local advisory boards?	YES	NO
Do you attend workshops, meetings or conferences?	YES	NO
If YES, What type _____		
If NO, how can we help so you can attend some of these meetings? _____		

LEGISLATIVE ISSUES

Is the legislative information provided during and prior to the legislative session helpful to you?	YES	NO
Do you contact your legislators? <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Not at all		
Would you like to be included in Action Alerts?	YES	NO

INTERNET / E-MAIL

CIRCLE ONE

Do you receive and read the newsletter/Child Health Notes and other P2P information by _____ e-mail _____ regular mail		
If regular mail, do you have access to e-mail?	YES	NO
May we add you to our e-mailing list and contact you by e-mail?	YES	NO
<i>** if Yes, please provide your email address on the next page. Thank you!! **</i>		
Do you participate in the Lewis County E-Group?	YES	NO
If so, are the updates and resources helpful to you?	YES	NO

LOCAL RESOURCES

Was your child involved in any Birth to 3 developmental program?	YES	NO
How old is that child now? _____		

LOCAL RESOURCES CON'T

Are you aware of the Helping Parent Program?	YES	NO
Are you interested in receiving more information and/or support from a Helping Parent?	YES	NO
Are you aware or do you read Child Health Notes?	YES	NO
Are you familiar with the Lewis County ICC (Interagency Coordinating Council)	YES	NO
If YES, have you attended an ICC meeting?	YES	NO
Would you like more information on the local ICC meetings?	YES	NO
Do you have any barriers to you attending ICC meetings? (child care, transportation)	YES	NO
Are you aware that Lewis County has an Early Learning Coalition an Obesity Prevention Coalition and a Mental Health Coalition?	YES	NO
Are you familiar with Medical Home?	YES	NO
If Yes, could you tell us about your medical experience?	YES	NO
If No, would you like to receive more information on Medical Home?	YES	NO
Are you familiar with IDEA and aware of the education entitlements until age 21?	YES	NO
Do you have a plan for your child's adult life (College, work, community)?	YES	NO
Are aware of or receiving <u>D</u> ivision <u>D</u> evelopmental <u>D</u> isabilities services?	YES	NO
Are you on a waiting list for any DDD services?	YES	NO
If so, what service and for how long? _____		

Please complete (This information will not be shared with any other party without your written permission):

Name: _____ Phone: _____
Street or Mailing Address: _____
City, State and Zip Code: _____
E-mail: _____

Names, Ages and Diagnoses of your children with special needs and yes or no if they are or are not receiving services:

Names and ages of siblings:

Main Interest or Priority Need for Your Family:

- Education Medical or Insurance Legislative Issues
- Housing Employment Day Care
- Long-term Care Respite Other _____

Suggestions for future services, comments, or questions:

We appreciate your time to complete this review. Please return it as soon as possible. If you requested information, you will hear from us soon. If you would like to contact us in person, please call Paula Zamudio, Program Coordinator or Roberta Bryan, Outreach Coordinator at 360-736-9558 - 203 W. Reynolds Avenue - Centralia, WA 98531