

SURVEY OF FAMILY NEEDS

Please check the boxes next to any of the areas that you would like to discuss with your care coordinator, obtain more information, or that you may need assistance with.

INFORMATION ABOUT

- Our Child's Health Condition/Diagnosis
- Nutrition/Feeding
- Child's Behavior
- Child's Development

HELP WITH CARING FOR OUR CHILD

- Respite Care
- Child Care Referral
- Educating Child Care Providers About Child's Special Needs
- Other Child Care Needs

KNOW MORE ABOUT GETTING MEDICAL AND DENTAL CARE

- Finding Specialty Care Services
- Finding A Doctor
- Finding A Dentist
- Making Physical Changes In Our Home
- Obtaining Special Equipment
- Help To Pay For Medical Care Or Medications

HELP TALKING ABOUT OUR CHILD

- To Our Children, Friends, Or Family
- To Professionals To Get Information We Need And Want
- Emotional Support For Self Or Child To Help Cope With Condition
- With Other Parents In A Similar Situation
- Teachers/School Personnel
- Individual / Family Counseling

TO KNOW ABOUT COMMUNITY SERVICES

- Managing The Daily Needs Of My Child At Home
- Financial Assistance ~Other than Medical Needs
- Sibling Support
- Special Education Process
- Social/Recreation Opportunities
- Transportation
- Medical Insurance

HELP PLANNING FOR THE FUTURE

- Future Health Care Needs
- Residential Options
- Transitioning To Adult Services
- Preparing A Teen To Manage Their Own Health Care

Other Concerns Not Listed _____
