



# Parent-to-Parent Match Request



**Parents of children with special needs** often struggle with their emotions around the everyday challenges they face. This may happen at the time of your child's diagnosis - and reoccur with a new diagnosis, as well as throughout the many transitions from infancy through adulthood.

**Talking with another parent**, whose child has similar needs, can be helpful in coping with your experiences and your feelings. Our volunteer Support Parents can offer support and information.

**What is Parent-to-Parent?** Our Parent-to-Parent Program brings together parents facing similar challenges in raising their children with special needs. We believe that sharing experiences provides strength and support to each other.

**Seeking Support:** Parents often contact us in search of a listening ear—another parent who has faced some of the same issues and concerns as they now face. This may be in response to a new diagnosis, a new challenge, or just to recharge their batteries.

♥ ♥ *On behalf of Family TIES, welcome to our Parent-to-Parent Program.* ♥ ♥

## Primary Caregiver Information

<b>Name</b> _____	<b>Home Phone</b> _____
<b>Relationship to Child</b> _____	<b>Cell Phone*</b> _____
<b>Mailing Address</b> _____	<b>Work Phone*</b> _____
<b>City/Town</b> _____	<i>*Only if we can use as direct contact</i>
<b>State/Zip Code</b> _____	<b>Preferred Time to Call</b> _____
<b>Email</b> _____	
<b>Primary Language</b> _____	<b>Ethnic Background</b> _____
<b>Other Fluent Languages</b> _____	<b>Religion (optional)</b> _____
<b>Family Household Structure: (please check all that apply)</b>	
<input type="checkbox"/> Married Parent	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Divorced Parent	<input type="checkbox"/> Living with Significant Other
<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Guardian-specify: _____	

## Child Information

<b>First Name</b> _____	<b>Gender:</b> ___ Boy ___ Girl
<b>Birth Date (month/year)</b> _____	<b>Age at Diagnosis</b> _____
<b>Primary Diagnosis</b> _____	
<b>Secondary Diagnosis</b> _____	
<b>Concerns</b> _____	
_____	
<b>Is child living at home?</b> _____	<b>If no, where?</b> _____

## Other Children

Name: _____	Age: _____	Special Needs? _____
Name: _____	Age: _____	Special Needs? _____
Name: _____	Age: _____	Special Needs? _____

**Our Support Parents offer a listening ear, to share your feelings and concerns. Please tell us what you would like to discuss with your Support Parent, to help us to make an appropriate match:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In signing below, I give permission for Family TIES of Massachusetts to share this information with a Support Parent. I understand that this parent will be calling me after this permission form is completed and returned to the Parent-to-Parent Coordinator.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form to:**

**Gloria Klaesges, Family TIES Parent-to-Parent Coordinator  
MDPH-WRHO, 23 Service Center, Northampton, MA 01060**

*For questions or to find out more about resources in your area,  
please call your Family TIES Regional Coordinator:*

<u>Greater Boston:</u> <u>617-624-6089</u>	<u>Northeast:</u> <u>978-851-4018 x4018</u>
<u>Metrowest:</u> <u>781-774-6602</u>	<u>Central:</u> <u>508-792-7880 x2337</u>
<u>Southeast:</u> <u>781-774-6749</u>	<u>Western:</u> <u>413-586-7525</u>

**800-905-TIES (8437)    ♥ ♥ ♥    [www.massfamilyties.org](http://www.massfamilyties.org)**

<i>Referral Notes</i>	<i>P2P Office Notes</i>	<i>01-11 W</i>
Referral from: _____	Intake Process Begun: _____	
Program: _____	Support Parent Confirmed: _____	ID: _____
Region: _____	Match Completed: _____	TY Card: _____
Caller ID: _____	Evals Sent: Req Par _____	Supp Par _____



FEDERATION FOR CHILDREN  
WITH SPECIAL NEEDS

**Family TIES of Massachusetts is a project of the Federation for Children with Special Needs, with funding from and in collaboration with the Massachusetts Department of Public Health, Bureau of Family Health and Nutrition, Division for Perinatal, Early Childhood, and Special Health Needs.**