



Parent-to-Parent Program Information & Match Request Form

Parents of Children with Special Needs may struggle with their emotions around the everyday challenges they face. This may happen at the time of your child's diagnosis, during transitions from infancy through adulthood or at other life events. Talking with another parent who has a child with similar needs may help you cope with your feelings and experiences. Family TIES Regional Coordinators and volunteer Support Parents offer emotional support, parenting information and their life experience.

What is the Parent-to-Parent Program (P2P)? The Parent-to-Parent Program brings together parents of children with special health needs who have similar challenges in raising their children. Parents gain strength and support by sharing their experiences.

Who Can Parent-to-Parent Help? The Parent-to-Parent Program matches parents who have children with special health care needs, chronic illness or disability (for example, genetic conditions, hearing or vision impairment, intellectual, developmental or learning disability, Autism, Attention Deficit disorder, etc.).

How Does Parent-to-Parent Work? The "Match" offers a chance to speak *by phone* with a volunteer Support Parent. Support Parents are trained to listen carefully, understand your concerns, and reflect on their own personal experiences so they can provide emotional support. Confidentiality, cultural and individual differences are always respected. As an Alliance Member of Parent to Parent USA, we can reach out to P2P Programs across the country for unique match requests.

How Do I Request a Match? To request a Match, please fill out the attached Match Request form and mail it to our Statewide Parent-to-Parent Coordinator today. The P2P Coordinator will contact you to discuss your individual needs.

Family TIES of Massachusetts is a statewide network that offers information and emotional support to families of children with special health needs, chronic illness or disability (ages birth to 22). Staff members are parents of children with special needs, too. Regional Coordinators work in Department of Public Health offices across the state to provide assistance to families. Regional Coordinators offer information and referral services for community resources, including support groups, upcoming conferences, recreational activities, public benefits, and more. They do not provide medical advice or make referrals to particular physicians, clinics, or agencies. Call the Family TIES toll-free line or visit our website to learn more.

800-905-TIES (8437) www.massfamilyties.org



Family TIES of Massachusetts is a project of the Federation for Children with Special Needs, in collaboration with and funded by the MA Department of Public Health, Bureau of Family Health & Nutrition, Division for Children and Youth with Special Health Needs.





Parent-to-Parent Match Request

Primary Caregiver Information

Please Print Clearly

ID # _____

Name _____ Email: _____

Relationship to Child _____

Mailing Address _____ Home Phone _____

City/Town _____ Cell Phone* _____

State/Zip Code _____ Work Phone* _____

Preferred Time to Call _____ **Only if we can use as direct contact*

Primary Language _____

Race / Ethnicity _____

Family Household Structure: (please check all that apply)

Married Parent Single Parent Divorced Parent Living with Significant Other Step-Parent

Adoptive Parent Foster Parent Grandparent Guardian-specify:

Child Information

Child's Name _____ Gender: M F Non-Specific

Birth Date (month/year) _____ Age at Diagnosis _____

Primary Diagnosis _____

Secondary Diagnosis _____

Is child living at home? _____ If no, where? _____

State Reason for Match

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 MA to share this information with a Support Parent. The Parent-to-Parent Coordinator will call to confirm your information.

Parent Signature _____ Date _____

Referral from/Program: _____ Phone/Email: _____

Submit Form or Mail Completed Form To: P2P@FCSN.org

MA Department of Public Health Marlborough Office

Attention: Family TIES P2P Coordinator, 67 Forest Street - Suite 100, Marlborough, MA 01752

