

ENTRY FORM

Family TIES Directory of Resources for Families of Children and Youth with Special Needs



FEDERATION FOR CHILDREN WITH SPECIAL NEEDS
www.fcsn.org

The Schrafft Center
529 Main Street, Suite 1M3
Boston, MA 02129

P: 617.236.7210
800.331.0688
F: 617.241.0330

FT Staff initials _____ Agency name: _____

New resource (*Nonprofit Only*) Phone: _____ TTY: _____

Change to current listing Toll-free phone: _____ Fax: _____

Address: _____

Email: _____

Agency description (3 lines max): Website: _____

RESOURCE CATEGORIES (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> ACC – Accessibility
<input type="checkbox"/> ADV – Advocacy
<input type="checkbox"/> ARC – Arcs
<input type="checkbox"/> AT – Assistive Technology and Adaptive Equipment
<input type="checkbox"/> CC – Childcare Resources and Referral Networks
<input type="checkbox"/> CS – Community Support
<input type="checkbox"/> Adoption
<input type="checkbox"/> Bereavement
<input type="checkbox"/> Child Development and Parenting
<input type="checkbox"/> Culturally Diverse Networks
<input type="checkbox"/> Family Support
<input type="checkbox"/> General Disability
<input type="checkbox"/> Parent-to-Parent
<input type="checkbox"/> Special Education
<input type="checkbox"/> Wish Granting and Financial Assistance
<input type="checkbox"/> CS&I – Community Support & Inclusion
<input type="checkbox"/> ED – Education
<input type="checkbox"/> HC – Health Care
<input type="checkbox"/> HOUS – Housing Assistance
<input type="checkbox"/> ILC – Independent Living Centers
<input type="checkbox"/> I&R – Information and Referral Services
<input type="checkbox"/> LGL – Legal Services
<input type="checkbox"/> REC – Recreation/Arts
<input type="checkbox"/> RES – Respite, Family Support and Skilled Nursing
<input type="checkbox"/> SA – Service Animals | <input type="checkbox"/> SC – Resources for Specific Conditions and Disabilities
<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> AIDS & Infectious Blood Disorders
<input type="checkbox"/> Amputation/Limb Differences
<input type="checkbox"/> Asthma & Allergies
<input type="checkbox"/> Autism Spectrum Disorders
<input type="checkbox"/> Autonomic Nervous System & Chronic Fatigue
<input type="checkbox"/> Blind & Visual Impairment
<input type="checkbox"/> Brain Injury
<input type="checkbox"/> Cancer
<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Complex Medical Conditions
<input type="checkbox"/> Connective Tissue Disorders
<input type="checkbox"/> Craniofacial Differences
<input type="checkbox"/> Deaf & Hard of Hearing
<input type="checkbox"/> Deaf-Blind
<input type="checkbox"/> Developmental & Intellectual Disabilities & Sensory Integration
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Epilepsy and Seizure Disorders
<input type="checkbox"/> Gastrointestinal Disorders
<input type="checkbox"/> Genetic Conditions | <input type="checkbox"/> SC – Resources for Specific Conditions and Disabilities (cont.)
<input type="checkbox"/> Growth Disorders
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Kidney Conditions
<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Mental Health Disorders
<input type="checkbox"/> Neurological Conditions
<input type="checkbox"/> Neuromuscular Conditions
<input type="checkbox"/> Other Conditions and Disabilities
<input type="checkbox"/> Speech-Related Conditions
<input type="checkbox"/> Spinal Cord Injury & Spine-Related Disorders
<input type="checkbox"/> TR – Transition to Adulthood Programs
<input type="checkbox"/> TA – Travel Assistance |
|--|---|---|

THIS RESOURCE IS: National Statewide

OR

MASSACHUSETTS REGIONAL, SERVING:

If the resource is "Statewide" do not fill out this section.

Boston Metrowest Southeast

Central Northeast Western

LANGUAGES SERVED: English Chinese Portuguese

Spanish Vietnamese

Other _____

Please print your name and phone number below in case we have questions. Return to Federation for Children with Special Needs by FAX or by mail.

NAME: _____ **TITLE:** _____ **PHONE:** _____