

SHARE YOUR VOICE!

Family Advisor Program

Review educational materials or grants

Family TIES of Massachusetts invites you to share your voice and become a parent leader! Parents of children with special needs advocate daily for their children's educational, medical, and social needs. Would you like to share your knowledge and experience with the Massachusetts Department of Public Health? The information you share may help guide or develop programs and policies that serve families of children and youth with special health needs. Take the next step in engagement, become a Family Advisor and *Share Your Voice!* Training is available.

Questions? Call Family TIES – 800-905-TIES (8437)

Examples of Family Advisor activities include:

Attend focus groups

| | Participate in phone or written surveys Serve on an advisory board | | Participate on a committee Help develop or deliver presentations |
|-----------|---|--------------|---|
| Naı | me: | | Phone: |
| | Street: | | |
| City | City/Town/Zip code | | Best time to contact: |
| | ld's Age: | | |
| My | primary and secondary languages are: | | |
| My | personal areas of interest and expertise are: | | |
| | Access to Medical Care | | Program Development / Grant Reviews |
| | Cultural Competency/Diversity | | Public Policy Issues |
| | Emergency Planning | | Respite / Family Supports |
| | Estate/Financial Planning | | Special Education |
| | Genetic Testing and Genetics Education | | Health Transition |
| | Health Insurance – Public and Private Policies | | Independent Living & Healthcare Self-Management Skills |
| | Informed Consent for Medical Treatment | | Transportation |
| | Leadership Development | | Parent Education/Training Opportunities |
| | Medical Home Partnerships | | Leadership Trainings |
| | Nutrition for Children with Special Needs | | Other Issues – Please specify |
| | ve permission for Family TIES of Massachusetts and The Gregarding parent Advisor Opportunities. | Office of Fa | mily Initiatives at the Department of Public Health to contact |
| Signature | | | Date |

Submit Form or Mail Completed Form To:

MA Department of Public Health Marlborough Office

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



