

Resource Parent/Resource Family Member Directory Form

The personal information on this form will be used in the FSI Resource Parent/Resource Family Member Directory for the purpose of connecting families based on similar issues or ages of children. A Directory is given to Resource Parents/Resource Family Members for their use with an understanding of its confidential nature.

Name:					
Address:		City / Province:		Postal Code:	
Home Phone:		Work Phone:		Fax Number:	
Email Address:					

1. Children/Family Member's Names (optional)	Birth Date (mm/dd/yyyy)	Comment

2. Short description about your child(ren)/family member:

3. Child/family member's current life activities (eg. school, community):

4. Spouse/partner information (optional):

5. Community related experience or knowledge (eg. committees, supports, profession):

6. Experience with tests/assessments and professionals that would be helpful to other families (eg. Psychological, Sunny Hill Hospital, seating clinic, therapists):

7. Anything else you would like to share?