



# VIP FAMILY INFORMATION FORM

Orientation Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Orientation Instructor(s): \_\_\_\_\_  
Primary Buddy Break Location: \_\_\_\_\_

## PERSONAL INFORMATION

VIP Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child resides with:  Mother and Father  Mother  Father  Guardian

Name1: \_\_\_\_\_  Mother  Father  Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Hobbies and Personal Interests: \_\_\_\_\_

Name2: \_\_\_\_\_  Mother  Father  Guardian

Address:  Same as above  Different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Hobbies and Personal Interests: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

Church City: \_\_\_\_\_ Senior Pastor's Name: \_\_\_\_\_

Does your church have programs/classes for VIP kids?  No  Yes, please describe: \_\_\_\_\_

Who else is authorized to pick up your child from **Buddy Break**?

Name: \_\_\_\_\_ Relationship to VIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to VIP: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about **Buddy Break**? \_\_\_\_\_

## OPTIONAL DEMOGRAPHIC INFORMATION

When applying for grants, we are asked for certain information. Please respond to these *optional* questions to help us in acquiring funds for **Buddy Break**.

Family income level:  < \$20,000  \$30,001 – 40,000  \$50,001 – 60,000  
 \$20,001 – 30,000  \$40,001 – 50,000  > \$60,001

Race/Ethnicity:  African-American/Black  Filipino  Korean  
 American Indian or Alaska Native, tribe: \_\_\_\_\_  Native Hawaiian  
 Asian Indian  Guamanian or Chamorro  Pacific Islander  
 Caucasian/White  Hispanic/Latino/Latina  Samoan  
 Chinese  Japanese  Vietnamese  
 Other, please specify \_\_\_\_\_

VIP mother's birth year: \_\_\_\_\_ VIP father's birth year: \_\_\_\_\_

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## FAMILY INFORMATION

Please list any other children that are living at home. Fill out a separate information packet for each VIP child and sibling that will be attending **Buddy Break**.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_  VIP Kid

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_  VIP Kid

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_  VIP Kid

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_  VIP Kid

Please list additional children on a separate sheet of paper.

Will any siblings be attending **Buddy Break**? (Eligible ages are 4-11 years old)  Yes  No

Would you be interested in a teen sibling program? (Ages 12-18)  Yes  No

Please share any special assistance that your family needs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VIP CHILD'S INFORMATION

Please tell us about your VIP.

Child's Name: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (pounds): \_\_\_\_\_

Male  Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Chronological Age: \_\_\_\_\_ Developmental Age: \_\_\_\_\_

Does your child attend school?  No  Yes, where? \_\_\_\_\_

Your child automatically becomes a member of our **VIP Birthday Club** and will receive a birthday card and special surprises throughout the year. Please indicate your preference regarding the online portion of the **Birthday Club**:

- Name on Web  First name only on Web  DON'T list name on Web  
 Picture on Web (please email to us)  DON'T put picture on Web  
 Short story or fun info about your VIP on Web (please email to us)

To help us understand the uniqueness of your child, please explain the nature of your child's disability (include the name of the syndrome, if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree of severity of the disability:  Mild  Moderate  Severe  Profound

What special equipment does your child use, if any? (include hearing aids, glasses, wheelchair, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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## MEDICAL INFORMATION

Please check all that apply and provide any other necessary information.

	YES	If yes, please explain, including mild, moderate, severe, profound if applicable.
ADD/ADHD	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	
Developmental delay	<input type="checkbox"/>	
Emotional delay	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	
Hearing impairment	<input type="checkbox"/>	
Heart problems	<input type="checkbox"/>	
Hemophilia	<input type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	
Learning disability	<input type="checkbox"/>	
Lung or respiratory issues (including asthma)	<input type="checkbox"/>	
Mental retardation	<input type="checkbox"/>	
Multiple handicaps	<input type="checkbox"/>	
PDD Spectrum	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	
Reflux, spitting up, etc.	<input type="checkbox"/>	
Seizures, epilepsy, etc.	<input type="checkbox"/>	
Sensory input issues (i.e. dislikes noises, textures)	<input type="checkbox"/>	
Shunt	<input type="checkbox"/>	
Visual impairment	<input type="checkbox"/>	
Other, _____	<input type="checkbox"/>	
Other, _____	<input type="checkbox"/>	
Other, _____	<input type="checkbox"/>	

Please provide further details, if necessary: \_\_\_\_\_

\_\_\_\_\_

Please list any known allergies to medication, environmental, animal, etc. (Food allergies will be asked for separately.): \_\_\_\_\_

Please give detailed information on any other conditions and special needs your child has: \_\_\_\_\_

# VIP FAMILY INFORMATION FORM

## MEDICAL AND INSURANCE CONTACTS

In the case of an emergency, the following information is helpful.

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a medical plan of care for emergency procedures?  No  Yes – If yes, please attach a copy for us. The same plan that you have for school or a daycare provider would be great.

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICATION

Please list any medications that are taken on a regular basis:

	Medication	When Taken	How is it administered?
1			
2			
3			
4			
5			

Will medication be needed during **Buddy Break**?  No  Yes – If yes, explain.

Can a volunteer **Buddy** be trained to administer?  No  Yes

Please explain any other special care instructions required for your child during **Buddy Break**:

## MOTOR SKILLS

Child's fine motor skill disability level: (i.e. handling small items)  Mild  Moderate

Severe  Profound

Child's gross motor skill disability level: (i.e. larger movements)  Mild  Moderate

Severe  Profound

## COMMUNICATION SKILLS

What are the primary ways that your child communicates with others?

Predominantly verbal  Predominantly non-verbal  Predominantly uses ASL

Check all that apply:  Speaks clearly  Requires prompts/cues to initiate

Vocalizations not always understood  Requires prompts/cues to interact

Can express basic needs and wants by using:

Eye gaze/contact

Gestures, give example: \_\_\_\_\_

Signs, give example: \_\_\_\_\_

Assistive technology (picture boards, books, talkers), please describe: \_\_\_\_\_

Follows spoken requests

Responds to signed or gestural requests or instructions

How does your child indicate "yes" or "no" when asked if he/she wants something, wants to go somewhere, or wants a person? \_\_\_\_\_

Will your child use other behavior(s) to communicate a want/need (cry, hit, run away)?  No  Yes, Please explain: \_\_\_\_\_

**DIETARY AND FEEDING SKILLS**

Please do NOT feed my child during Buddy Break.

List diet restrictions: \_\_\_\_\_

Foods to avoid/allergies: \_\_\_\_\_

Snack foods child enjoys: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

What method of liquid intake does your child use? (Please explain) \_\_\_\_\_

(Please check all that apply)

- Open cup       Sippy cup      \_\_\_\_\_
- Bottle           Straw              \_\_\_\_\_
- Tube                                      \_\_\_\_\_

What method of eating does your child use? (Please explain) \_\_\_\_\_

(Please check all that apply)

- Independent                              \_\_\_\_\_
- Independent with set-up              \_\_\_\_\_
- Does not eat/drink by mouth        \_\_\_\_\_
- Eats by G-tube       Eats by mouth      \_\_\_\_\_
- Uses fingers       Uses spoon              \_\_\_\_\_
- Uses fork                                      \_\_\_\_\_
- Uses special utensils/cup              \_\_\_\_\_
- Requires supervision/physical assistance while eating

List any special equipment or positioning needed for feeding: \_\_\_\_\_

Please share any special oral motor issues that we should know about, including gagging. \_\_\_\_\_

**TOILET/HYGIENE SKILLS**

Please check all that apply.

- Uses toilet independently       Uses toilet with supervision
- Needs assistance, please describe: \_\_\_\_\_

Follows a schedule, please list times: \_\_\_\_\_

Wears diaper/pull ups, please give any special instructions: \_\_\_\_\_

Has bladder issues, please explain: \_\_\_\_\_

Please share any signs or gestures that your child may give to indicate his/her need to be changed or go to the bathroom. \_\_\_\_\_

## BEHAVIORAL SKILLS

**Behavior Concerns:** Please share about any behaviors of which we should be aware. Specify what the behavior looks like (screaming, dropping, biting, scratching, etc.) rather than giving general descriptions (angry, upset). \_\_\_\_\_

When do these behaviors typically occur? \_\_\_\_\_

Are they more likely to occur with a specific gender?  No  Yes, which gender?  Male  Female

Check all that apply:  Self-injurious/Self-aggressive, please explain: \_\_\_\_\_

Tantrum, what behaviors does this include? \_\_\_\_\_

Aggression, what form does this take (hitting, biting, etc.)? \_\_\_\_\_

Property destruction (throws, breaks, slams objects): \_\_\_\_\_

Non-compliance, please explain: \_\_\_\_\_

Running away, please explain: \_\_\_\_\_

Difficulty with transitions, please explain: \_\_\_\_\_

Unusual interest in sight, feel, sound, or smell of things, please explain: \_\_\_\_\_

**Behavior Modification Plan:** Please explain, in detail, the behavior management plan that is being used at home and at school to modify inappropriate behavior. Our goal is to maintain consistency in the implementation of this plan and to work with you in this process. \_\_\_\_\_

What is your child's response to separation? \_\_\_\_\_

What is your child's response to playing with other kids? \_\_\_\_\_

What activities, games, or toys does your child enjoy? \_\_\_\_\_

What are some positive activities, games, statements, or actions that are helpful to reinforce good behavior in your child? \_\_\_\_\_

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## ADDITIONAL INFORMATION

Please list any **resources** (i.e. specialists, therapists, nursing or home health care agencies) that you use/have used and that you would recommend to other VIP kids and their families.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Currently using  Used in past

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Currently using  Used in past

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Currently using  Used in past

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Currently using  Used in past

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Currently using  Used in past

Please recommend any other helpful resources for VIP families that we could share. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for helping us get to know your child. We look forward to our time together!

## COORDINATOR USE ONLY

VIP form entered online, if not already completed Date: \_\_\_\_\_

Copy of Declaration of Consent sent to *Nathaniel's Hope* office Date: \_\_\_\_\_

Copy of Authorization / Release sent to *Nathaniel's Hope* office Date: \_\_\_\_\_

## Nathaniel's Hope OFFICE USE ONLY

VIP file received Date: \_\_\_\_\_

Entered in database by: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome letter and bear sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_