



# VIP INFORMATION UPDATE FORM

Date of Update: \_\_\_\_\_  
 Update Completed By (print name): \_\_\_\_\_  
 Update Completed By (signature): \_\_\_\_\_  
 Relationship to VIP: \_\_\_\_\_  
 Primary Buddy Break Location: \_\_\_\_\_

Please fill out any new pertinent information so that we can keep our records up to date.

## PERSONAL INFORMATION

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

## CHANGE TO CONTACT INFORMATION

Please list any changes in your contact information.

Name: \_\_\_\_\_  Mother  Father  Guardian

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

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

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

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

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

Please list any changes for anyone else that is authorized to pick up your child from **Buddy Break**.

Check one:  Add the following  Remove the following

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

Check one:  Add the following  Remove the following

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

## CHANGE TO MEDICAL INFORMATION

Please list any changes in equipment, medication, development, motor skills, communication skills, dietary and feeding skills, toilet and hygiene needs, behavior, allergies, etc.

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Please list any other changes in your child's information and/or progress that we should know about to take better care of your child.

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## CHANGE TO MEDICAL, INSURANCE, AND EMERGENCY CONTACTS

Please list any changes of physician, insurance, and/or emergency contacts.

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

If you have changed your medical plan of care for emergency procedures, please provide us with a copy.

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

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Check one:  Add the following  Remove the following

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Check one:  Add the following  Remove the following

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

## CHANGE TO ADDITIONAL INFORMATION

Please list any change of **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.

Check one:  Add the following  Remove the following

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

Specialty: \_\_\_\_\_  Currently using  Used in past

Check one:  Add the following  Remove the following

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

Specialty: \_\_\_\_\_  Currently using  Used in past

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

## CHANGE TO 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  \$20,001 – 30,000  \$30,001 – 40,000  \$40,001 – 50,000  \$50,001 – 60,000  > \$60,001

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

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

## CHANGE TO OTHER INFORMATION

Please list any other changes that we should be aware of.

Thank you for helping us provide the best care possible for your child!

## COORDINATOR USE ONLY

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

## Nathaniel's Hope OFFICE USE ONLY

VIP update received Date: \_\_\_\_\_

Other BB locations notified, if not updated online: \_\_\_\_\_ Date: \_\_\_\_\_

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

Application entered online, if not already completed there Date: \_\_\_\_\_