# 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: _____ Phone: _____
Name: _____ Relationship: _____ 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 ☐ $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: _____

**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 or need that your family requires. _____

**VIP CHILD'S INFORMATION**

Please tell us about your VIP:

Child's Name: _____ Height: _____ Weight: _____

☐ 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 ☐ Profound

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

# VIP FAMILY INFORMATION FORM

**MEDICAL INFORMATION**

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

| | NO | YES | If yes, please explain, including mild, moderate, profound if applicable. |
|---|---|---|---|
| ADD/ADHD | ☐ | ☐ | |
| Anemia | ☐ | ☐ | |
| Cerebral Palsy | ☐ | ☐ | |
| Developmental delay | ☐ | ☐ | |
| Emotional delay | ☐ | ☐ | |
| Headaches | ☐ | ☐ | |
| Hearing impairment | ☐ | ☐ | |
| Heart problems | ☐ | ☐ | |
| Hemophilia | ☐ | ☐ | |
| Hepatitis | ☐ | ☐ | |
| HIV/AIDS | ☐ | ☐ | |
| Learning disability | ☐ | ☐ | |
| Lung or respiratory issues (including asthma) | ☐ | ☐ | |
| Mental retardation | ☐ | ☐ | |
| Multiple handicaps | ☐ | ☐ | |
| PDD Spectrum | ☐ | ☐ | |
| Physical disability | ☐ | ☐ | |
| Reflux, spitting up, etc. | ☐ | ☐ | |
| Seizures, epilepsy, etc. | ☐ | ☐ | |
| Sensory input issues (i.e. dislikes noises, textures) | ☐ | ☐ | |
| Shunt | ☐ | ☐ | |
| Visual impairment | ☐ | ☐ | |
| Other, _____ | ☐ | ☐ | |
| Other, _____ | ☐ | ☐ | |
| Other, _____ | ☐ | ☐ | |

Please provide further details, if necessary: _____

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

## 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 level: (i.e. handling small items) ☐ Mild ☐ Moderate ☐ Profound

Child's gross motor skill level: (i.e. larger movements) ☐ Mild ☐ Moderate ☐ 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
- ☐ Vocalizations not always understood
- ☐ 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
- ☐ Requires prompts/cues to initiate
- ☐ Requires prompts/cues to interact

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: _____

_____

_____

_____

# VIP FAMILY INFORMATION FORM

## 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)
☐ Bottle ☐ Sippy cup
☐ Open cup ☐ 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 then 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:
- ☐ Non-compliance ☐ Running away
- ☐ Difficulty with transitions
- ☐ Unusual interest in sight, feel, sound, or smell of things
- ☐ 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): _____

**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? _____

# VIP FAMILY INFORMATION FORM

**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

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 file copied and sent to Nathaniel's Hope 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: _____