



**Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant**



Family Profile

Your Name (first and last):

Spouse:

Address (P.O. Box, number, street, apt. #):

City:

State:

Zip Code:

County:

Telephone:

Fax:

Cell:

E-mail address:

Language(s) spoken:

1. Information about your child(ren)/youth or adult:

- | | | |
|---------|--|---------|
| 1. Age: | Is there a special need or disability: | ? _____ |
| 2. Age: | Is there a special need or disability: | ? _____ |
| 3. Age: | Is there a special need or disability: | ? _____ |
| 4. Age: | Is there a special need or disability: | ? _____ |

2. Services and/or supports your son or daughter is receiving or has received in your community:

Education:

	Received		Receiving	
▪ Early Intervention	Yes _____	No _____	Yes _____	No _____
▪ Head Start	Yes _____	No _____	Yes _____	No _____
▪ Special Education	Yes _____	No _____	Yes _____	No _____
▪ Vocational Rehab	Yes _____	No _____	Yes _____	No _____
▪ Transition	Yes _____	No _____	Yes _____	No _____

Health:

- | | | |
|--|-----------|----------|
| ▪ Private Insurance (example, Blue Cross, Aetna) | Yes _____ | No _____ |
| ▪ Public (example, AHCCCS, AHCCCS/ALTCS) | Yes _____ | No _____ |
| ▪ Children's Rehabilitative Services | Yes _____ | No _____ |
| ▪ Behavioral Health Services | Yes _____ | No _____ |

Legal:

- | | | |
|-----------------------------|-----------|----------|
| ▪ Child Protective Services | Yes _____ | No _____ |
| ▪ Juvenile Court | Yes _____ | No _____ |

Division of Developmental Disabilities

Yes _____ No _____

Others services/supports you want to mention: _____

Do we have permission to add your name and address to the mailing list? Yes No

Do we have permission to share your contact information with others:

Task Force Yes No

Other Committees Yes No

Do you grant us permission to take and use your photograph for the website and printed materials (e.g., office newsletter, brochures, etc.)? Yes No

What are your individual interests and passions about improving the lives of families and children with special needs?

How have you been a leader?

Have you had any leadership training or classes? Please give specifics: _____
