



# Oregon Family to Family Health Information Center

Oregon Center for Children and Youth with Special Health Needs

1-855-323-6744

## I WOULD LIKE TO TALK WITH A PARENT PARTNER

### I NEED INFORMATION ABOUT:

- My child's condition or disability
- What services are available for my child now or in the future
- How to get specific health services, such as therapies, dental care, mental health care
- Managing transition when my child becomes a teenager or turns 18
- Managing my child's health needs during the school day
- Information about something else:

### SUPPORT:

- To better communicate with my child's health care providers and therapists
- To speak one to one with another parent who has a child that is similar to mine
- Support for something else:

### COMMUNITY SERVICES:

- Locating a health care provider who has knowledge of my child's health condition
- Finding community recreation, child care or respite
- Finding something else:

### FINANCIAL HELP:

- Paying for expenses such as food, housing, medical care, clothing or transportation
- Getting help with an insurance or Oregon Health Plan problem or appeal
- Getting special equipment for my child's needs
- Paying for therapy, day care or other services my child needs
- Paying for something else:

### PARENT NAME:

Today's date:

#### I am a family member. Please contact me via: (check one or both)

A phone call to this number:

Best time to reach me:

If I do not answer, please:

Leave a voicemail

Try a second time

An email to:

#### I am a professional, requesting that you contact the family member named above.

I personally spoke to the person named above on \_\_\_\_\_ and they gave \_\_\_\_\_ oral \_\_\_\_\_ written permission to be contacted by the Oregon Family to Family Health Information Center.

Name Printed:

Name of Agency/Office/Dept.:

Return by fax (503-494-2755), email ([contact@oregonfamilytofamily.org](mailto:contact@oregonfamilytofamily.org)) or postal mail (OR F2F HIC c/o OCCYSHN, 707 SW Gaines – Portland, OR 97239)