



Oregon Family to Family Health Information Center

Oregon Center for Children and Youth with Special Health Needs

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 my child specific health services, such as therapies, dental care, mental health care
managing transition when my child becomes a teenager or turns 18
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
On the phone
At a support group in _____ zip code
Online
to explain my child's disability to health care providers, family members, teachers or the community
to know how to respond when others ask questions about my child's condition
support for something else: _____

COMMUNITY SERVICES:

locating a doctor, specialist, or dentist who understands my child's needs and our family
finding community recreation for my child
finding safe child care or respite for my child
finding something else: _____

FINANCIAL HELP:

paying for expenses such as food, housing, medical care, clothing, or transportation
insurance, Oregon Health Plan, or other health care financing issue
getting special equipment for my child's needs
paying for therapy, day care, or other services my child needs
paying for something else: _____

Please contact me/us via: (check all that apply)

Call/text me at: _____

Best time to reach me is: Morning Afternoon Evening Saturday Sunday

Email me at: _____

Name: _____

FAX to: 503 494-2755 OR Scan and email to: _____ or contact@oregonfamilytofamily.org

OR mail to: Oregon Family to Family Health Information Center c/o OCCYSHN -707 SW Gaines -Portland, OR 97239

Please feel free to call us with any questions: 1-855-323-6744