**Children’s Special Services**

**Family Member**

***Please complete and return as soon as possible to:***

Children’s Special Services (CSS)

P.O. Box 1437 Slot S380, Little Rock, AR 72203-1437

**Attn: DDS Program Coordinator**

**Child’s Information:** (Please Print)

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than English - What Language is Spoken in Your Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:** (Please Print)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ Other/Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:**

American Indian or Native American\_\_\_\_\_ Asian\_\_\_\_\_ Black or African American\_\_\_\_\_

Native Hawaiian or Other Pacific Islander\_\_\_\_\_ White\_\_\_\_\_ Other/Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give CSS permission to release my name, address, and phone number to the Parent Advisory Council, Inc. for the purpose of informing me of legislative issues, health care issues, parent support group meetings, conferences, and other issues concerning my child. If you need this material in an alternative format, such as LARGE print, please contact our Americans with Disabilities Act (ADA) Coordinator at (501) 682-2277.

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children’s Special Services**

**Parent Advisory Council, Inc.**

**Parent Release Form**

The Parent Advisory Council, Inc. (PAC) is a diverse group of parents and guardians of children with disabilities and special health care needs. The PAC has volunteer parent representatives from across Arkansas who meet quarterly along with service providers and agencies for collaboration.

The mission of the PAC is to serve as a liaison between the families of children with special health care needs and existing resources.

The Parent Advisory Council, Inc. would like your input on training and/or workshop needs, or support group meetings that would help you and your family member who have special health care needs.

I agree to be contacted by other parents of children with similar disabilities in my area.

\_\_\_\_Yes \_\_\_\_ No

I agree to have my name added to a state-wide Parent-to-Parent contact list.

\_\_\_\_Yes \_\_\_\_ No

I would be willing to share information and/or experiences about my child’s disability.

\_\_\_\_Yes \_\_\_\_ No

Would you be interested in becoming a member of the Parent Advisory Council, Inc?

\_\_\_\_Yes \_\_\_\_ No \_\_\_\_I would like more information about the PAC.

What Affiliations are you involved with? (Support Groups, Committees, Boards, Etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your Skills and Special Interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your Profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in attending a Support Group Meeting? \_\_\_\_Yes \_\_\_\_ No

Would be interested in attending a Conference or Virtual Community Meeting? \_\_\_\_Yes \_\_\_\_ No

What time of day works best for you to attend Meetings or Conferences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other specific interests do you have? (Example” Financial planning, Grant Writing, Leading a support group, Kayaking, Etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of support group, workshop, or other activity would you like to see you in your local

community?

**The PAC Wants You!!!**

The Parent Advisory Council (PAC) is looking for a PAC representative in all Arkansas counties.

**What is the PAC?**

The PAC is a group of parents who have a child or children with disabilities or special health care needs. These parents must have received services from DDS/Children’s Special Services, Title V children with special health care needs either currently or in the past. These parents learn about resources and services to help their family and the families in their community.

**What do PAC members do?**

Members of PAC will discuss the issues that impact the lives of families with disabilities. PAC members will also learn about resources and make recommendations to help families in their community. Members also attend quarterly meetings which are held on a Friday night and Saturday morning in the Little Rock area. After the quarterly meeting, PAC members go back to their community and share what they have learned. This information is often shared with their local parent support group.

**Are there any requirements to serve on the PAC?**

Your child or youth need to have received services from Title V Children’s Special Services currently or in the past to serve on the Parent Advisory Council.

**What assistance is available so that I can attend the meetings?**

PAC members will be provided with a hotel room for Friday night, dinner on Friday night, and breakfast Saturday morning and Saturday lunch. Members will also receive mileage reimbursement to help with the cost of gasoline.

**Who do I contact to find out more?**

If you are interested in becoming a PAC representative and helping families with disabilities in your community, please contact Tracy Monin at cmspac90@yahoo.com.

**What counties need representatives?**

All Counties in Arkansas.