

## Family Questionnaire

<http://bit.ly/2xZBBRi> or  
<https://redcap.wisconsin.gov/surveys/?s=N7CP37WJRH>



The Children and Youth with Special Health Care Needs (CYSHCN) Network appreciates your interest in our programs. To continue to improve our support to families, we ask that you take a moment to complete this voluntary, short questionnaire. Thank you!

*Starred items (\*) are required.*

Today's Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

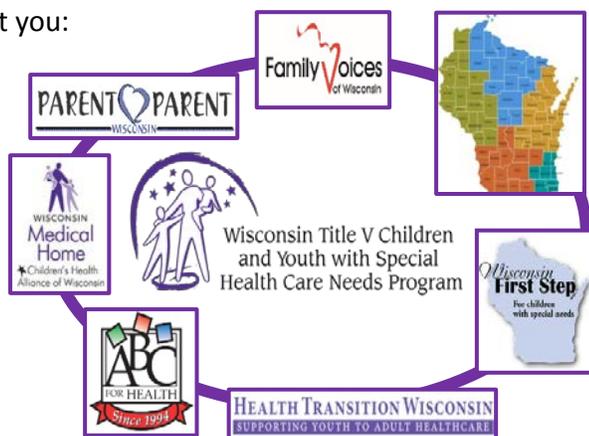
\*Please provide a way for your Regional Center specialists to contact you:

E-mail: \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

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



What is your preferred communication? (please check all)

- Email     Phone     Postal Service

**Event Attended:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> <i>Build Your Bridge: Moving from Child to Adult Health Care</i></p> <p><input type="checkbox"/> <i>Coordinating Your Child's Health Care</i> (webcast)</p> <p><input type="checkbox"/> <i>Did You Know? Now You Know!</i></p> <p><input type="checkbox"/> <i>Other:</i> _____</p> | <p><input type="checkbox"/> <i>Partnering with Your Child's Doctor</i></p> <p><input type="checkbox"/> <i>Support Parent Training</i></p> <p><input type="checkbox"/> <i>What's After High School?</i></p> |
|--|--|

You will receive family advocacy and training information from the Family Action Network (FAN) and Family Voices of Wisconsin. If you **do not** want to receive this information, please check here.

I would like to talk with someone to help me with a questions or concern I have:  Yes  No

Please indicate if you would like more information about any of the following items. This information will be shared with your Regional Center so they can connect you to other training events and resources.

| Please complete the following.  | I know how to do this | I would like to learn more | I'm not interested at this time |
|---|-----------------------|----------------------------|---------------------------------|
| Receive support from other parents  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Provide support to other parents  | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Obtain funding, services &/or support for my child                          | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Understand public benefits (e.g., Medicaid) and/or private health insurance | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Learn about care coordination for my child's health care                    | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Prepare my child for the transition to adult health care                    | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Get ready for what happens after high school                                | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Serve on an advisory committee, board or council                            | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |
| Influence legislative/policy decisions that impact my family                | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>           |

Please share additional comments on the back of this questionnaire.