



Families as Partners Application

Today's Date _____

Name *(Please Print)* _____

Home Address _____

City _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Is it ok to call you at work? Yes No

Number to call first: home cell work

Email Address _____ Your birthday *(month/day)* _____

How did you hear about Families as Partners?

- Family/Friend US Mail Website Facebook Family Resource Center
- Children's Hospital employee *(name)* _____
- Other *(list)* _____

Why do you want to be a part of the Families as Partners program?

Reference

Please give the name of an employee who knows you at Children's Hospital and Health System. For example: a doctor, nurse, social worker, housekeeper, care partner, therapist, etc.)

Yes. I give permission for Families as Partners to talk to the person below.

Employee Name _____ Department _____

Your Signature _____ Date _____

Please tell us about your child or children. Use another piece of paper if you need more room.

How are you related to the child or children listed below? Parent Other _____

1	Child's Name <i>First Last</i>	Birth Date <i>month/day/year</i>	Child has been cared for at Children's:	
			In the last 3 years?	Times per year
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6

Where child or children have been cared for

Clinics Clinic at Children's Hospital Clinic that's not at the main hospital in Milwaukee

List Clinics.

- Emergency Department
- Urgent Care
- Day Surgery
- Lab
- X-ray (MRI, CT Scan, Ultrasound, etc.)

Inpatient Units (Child stayed overnight).

Was it Before 04/01/09? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes check boxes below.		Was it After 04/01/09? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes check boxes below.	
<input type="checkbox"/> NICU	<input type="checkbox"/> PICU	<input type="checkbox"/> NICU	<input type="checkbox"/> West 3 – Cardiac ICU <input type="checkbox"/> West 4 – PICU <input type="checkbox"/> West 5 - PICU
<input type="checkbox"/> 4 West	<input type="checkbox"/> 7 West		<input type="checkbox"/> Center 7
<input type="checkbox"/> HOT (5 East)	<input type="checkbox"/> 5 West	<input type="checkbox"/> HOT (East 5)	
<input type="checkbox"/> 8 East	<input type="checkbox"/> 8 West	<input type="checkbox"/> East 8	<input type="checkbox"/> Center 8
<input type="checkbox"/> EMU (Epilepsy Monitoring Unit)		<input type="checkbox"/> EMU (Epilepsy Monitoring Unit)	
		<input type="checkbox"/> West 9	
		<input type="checkbox"/> West 10	<input type="checkbox"/> West 11

No two families are alike. For example, families have different customs, ways, faiths and cultures. They speak different languages and come from many places. Families are big, small, poor, rich, and in between. Parents, grandparents or friends may live in the home. Some adopt their kids or provide foster care. There are special and unique things about every family.

Please tell us whatever you want about your family.

Children’s Hospital cares for all sorts of kids. Answers to the next questions help Families as Partners show that diversity. If you don’t want to answer the questions leave this section blank.

Ethnicity

- Hispanic/Latino
- Non Hispanic/Latino

Race

- American Indian/Alaskan
- Asian

- Black
- White
- Other _____

What language do you speak the most ? _____

What other languages do you speak? (Check all boxes that apply.)

- American Sign Language
- English
- Hmong
- Spanish
- Other (list) _____

I understand that:

- Families as Partners (FAP) will try to find an activity for me that is a good fit.
- There may not be an activity that is a good fit with my experiences or interests.
- I can say no when FAP asks me to do an activity.
- My child’s health care will not be affected if I say no.
- I can tell FAP not to contact me and/or to take my name off the Family Partners list.

Signature

Date

Thank you for your interest in Families as Partners. Please contact us if you have any questions.
 People to call: Anne or Karen Phone 414-266-5699 email FAP@chw.org

Please return forms to: Families as Partners
 Daniel M. Soref Family Resource Center
 Children’s Hospital of Wisconsin

Family Partners are involved in many different ways. Some are listed in the chart below

- The time each activity takes is listed. The times are not exact.
- You don't need experience to do an activity.
- You can say no when we ask you to do an activity.
- Activity Chart Directions:
 - Check I've done this if you have done an activity before.
 - Check I want to do this if you would like to do an activity.
 - Check I'm not sure. Tell me more if you want more information about an activity.

Activity Chart

Activity	Your Role (What you will do)	Time	How often	Activity Length	Your Response (You can check more than one box):
Focus Group	Share what you think about a topic	1-2 hours	Once		<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Committee	Be a committee member. Give family point of view.	1-2 hours	Monthly or every other month	For at least 1 year	<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Conference Planning Team	Help plan a training or conference. Give family point of view.	1-2 hours	1-2 times per month	For 3-6 months	<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Reviewer	Tell what you think about information. (Brochure, websites, policies, etc.)	1-2 hours	Once <i>Sometimes you can do at home.</i>	Once	<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Children's Hospital Champion	Talk to T.V. station or newspaper about Children's Hospital	??? varies	Once		<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Program or Clinic Workgroup	Help make a certain clinic or program better. Tell what you think and give ideas.	1-2 hours	1-2 times per month	For 3-6 months	<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
TEAM (Resident Teaching Program)	Talk with pediatric residents about having a child with chronic illness or a disability.	2 hours	3 -4 times per year	For 1 or more years	<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more
Presenter	Tell your child and family's story to a small or large group. You may be the only speaker or part of a group (a panel).	½ - 1 hour	Once		<input type="checkbox"/> I've done this. <input type="checkbox"/> I want to do this <input type="checkbox"/> I'm not sure. Tell me more