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First Name:				Last Name:							
Address						City/State/Zip				Zip	
Home Phone			Work Phone			Cell Phone				County	
E-mail Address:											
Please circle the title that best describes your role in the life of a child w/ special needs											
Parent/Family Member						Professional Role					
Parent	Guardian		Other:			Service Provider			Educator		
Foster Parent	Self					Social Worker			State Agency / VR		
Grandparent	Sibling				I	Health Care Provider			Other:		
Please circle your race											
Caucasian	African Americ		erican	Hispanic		As	sian	Native Ar	nerican	Other	
Please tell us about your child/children with special health needs.											
Name											
Disability											
Birth Date											

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	City/State/			Zip						
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E-mail Address:	Address:									
Please circle the title that best describes your role in the life of a child w/ special needs										
Paren		Professional Role								
Parent	Guardian	Other:	Other:		Service Provider			Educator		
Foster Parent	Self				Social Worker			State Agency / VR		
Grandparent	Sibling				Health Care Provider			Other:		
Please circle your race										
Caucasian	African /	American	Hispani	c As	sian	Native American		Other		
Please tell us about your child/children with special health needs.										
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