

FAMILIES AS PARTNERS APPLICATION

Today's date: _____

Your name: _____

Home street address: _____ City: _____ State: _____ Zip: _____

Phone number: Daytime: _____ Evening: _____

Email address: _____

Languages spoken in the home: _____

Occupation: _____

Name of child with health needs/experiences (if more than one child please add below):

_____ Child's DOB: _____

Your relation to child (e.g. mother, father, grandparent, etc.) _____

Child's primary diagnosis: _____

Other children? Yes (please enter names and dates of birth) No

Which campus does your family primarily go to: _____

Has your family gone to any other Children's locations? (Check all that apply.)

- Minneapolis Hospital
- St. Paul Hospital
- Minnetonka Surgery and Specialty Center
- Roseville Rehabilitation Clinic
- Woodbury Specialty Center
- Maple Grove Specialty Center

Primary Care Clinics

- Minneapolis Clinic
- St. Paul Clinic
- Metropolitan Pediatric Specialists
 - Burnsville Clinic
 - Edina Clinic
 - Shakopee Clinic
- Hugo Clinic
- West St. Paul Clinic
- Partners in Pediatrics
 - Brooklyn Park Clinic
 - Maple Grove Clinic
 - Plymouth Clinic
 - Rogers Clinic
 - St. Louis Park Clinic

Would you be able to make a commitment to join committees, family panels, etc. held on various dates and times?

- Yes No

If yes, what is your availability? Please indicate the hours you are available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Daytime:						
Evening:						

Comments on availability?

What services has your family used? (Check all that apply.) Check **past year** if you have used this service within the past year or **Ever** if you have ever used this service.

- | Past Year | Ever |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Emergency (ED) |
| <input type="checkbox"/> | <input type="checkbox"/> Special care nursery (SCN) |
| <input type="checkbox"/> | <input type="checkbox"/> Neonatal intensive care unit (NICU) |
| <input type="checkbox"/> | <input type="checkbox"/> Pediatric ICU (PICU) |
| <input type="checkbox"/> | <input type="checkbox"/> Day/outpatient surgery |
| <input type="checkbox"/> | <input type="checkbox"/> Short stay (SSU) |
| <input type="checkbox"/> | <input type="checkbox"/> Infant care center (ICC) |
| <input type="checkbox"/> | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> | <input type="checkbox"/> Other inpatient unit(s): _____ |

- | Past Year | Ever |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Hematology/oncology |
| <input type="checkbox"/> | <input type="checkbox"/> Home care or hospice |
| <input type="checkbox"/> | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> | <input type="checkbox"/> Integrative medicine |
| <input type="checkbox"/> | <input type="checkbox"/> Lab |
| <input type="checkbox"/> | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> | <input type="checkbox"/> The Mother Baby Center (Mpls., St. Paul, Mercy) |

Specialty services:

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> NICU follow up clinic | <input type="checkbox"/> | <input type="checkbox"/> Adolescent medicine |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma/allergy | <input type="checkbox"/> | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> | <input type="checkbox"/> Audiology | <input type="checkbox"/> | <input type="checkbox"/> Pain /palliative care |
| <input type="checkbox"/> | <input type="checkbox"/> Autism | <input type="checkbox"/> | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> | <input type="checkbox"/> Birth center (St. Paul) | <input type="checkbox"/> | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> | <input type="checkbox"/> Cardiology | <input type="checkbox"/> | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> | <input type="checkbox"/> Cath lab | <input type="checkbox"/> | <input type="checkbox"/> Respiratory/pulmonology |
| <input type="checkbox"/> | <input type="checkbox"/> Cleft/craniofacial clinic | <input type="checkbox"/> | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> | <input type="checkbox"/> Cystic fibrosis clinic | <input type="checkbox"/> | <input type="checkbox"/> Sleep lab/center |
| <input type="checkbox"/> | <input type="checkbox"/> Developmental clinic | <input type="checkbox"/> | <input type="checkbox"/> Special diagnostics |
| <input type="checkbox"/> | <input type="checkbox"/> Down syndrome clinic | <input type="checkbox"/> | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> Ear, nose and throat (ENT) | <input type="checkbox"/> | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> | <input type="checkbox"/> Urology |
| <input type="checkbox"/> | <input type="checkbox"/> Endocrine/diabetes | <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Epilepsy clinic | | |

Rehabilitation:

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Feeding clinic | <input type="checkbox"/> | <input type="checkbox"/> Animal assisted therapy |
| <input type="checkbox"/> | <input type="checkbox"/> Gastroenterology/ GI | <input type="checkbox"/> | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> | <input type="checkbox"/> General pediatric clinic | <input type="checkbox"/> | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> | <input type="checkbox"/> Genetics | <input type="checkbox"/> | <input type="checkbox"/> Speech/language therapy |

Have you used the following non-medical services? (Check all that apply.)

- | | | | | | |
|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Bereavement services | <input type="checkbox"/> | <input type="checkbox"/> | Ethics consult MyChildren's |
| <input type="checkbox"/> | <input type="checkbox"/> | Caring Bridge website | <input type="checkbox"/> | <input type="checkbox"/> | Family resource center |
| <input type="checkbox"/> | <input type="checkbox"/> | Chaplaincy | <input type="checkbox"/> | <input type="checkbox"/> | Financial counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Sibling play | <input type="checkbox"/> | <input type="checkbox"/> | Ronald McDonald House |
| <input type="checkbox"/> | <input type="checkbox"/> | Child life Geek | <input type="checkbox"/> | <input type="checkbox"/> | Squad Social work |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's website | <input type="checkbox"/> | <input type="checkbox"/> | Interpreter services |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | | |

What do you feel you could bring to Families as Partners?

I acknowledge that I have provided accurate information to the best of my ability.

Applicant signature

Date

Please email this form to Tessa Billman, patient family-centered care coordinator, at tessa.billman@childrensmn.org or send this completed form to:
Families as Partners
Children's Hospitals and Clinics of Minnesota
345 Smith Ave.
St. Paul, MN 55102
Mail Stop 70-503