



ADVOCACY PROGRAM APPLICATION

Dear Parent or Community Provider:

Thank you for your interest in the Advocacy Program!

Our advocacy program empowers parents and caregivers of children with special needs to advocate for their children and gain better understanding of important life decisions involving their children. Our special needs advocate will work one-on-one with parents to provide them with the information, education and necessary tools to offer their child the greatest quality of life, including academic success. It is our goal to provide support and education to parents so that they will have the necessary tools to effectively advocate for their child with special needs.

Personalized services are provided by the special needs advocate at our centers in Pompano and Dania Beach, as well as in the client's home, or at the child's school or service providers. Caregivers who reside in Broward County, meet the income criteria and have a child ages birth to 21 with a diagnosis of any physical, cognitive, or language delay, autism, genetic anomaly, or special medical condition are eligible for services.

Through our Advocacy program, parents can receive education and guidance on special education services and IEP meetings, SSI and various forms of financial assistance, Medicaid, special needs services such as respite and therapies and other various community resources and supports. The program is FREE or subsidized depending on household income.

We will need the following information in order to begin the enrollment process for your child:

NEEDED ITEMS-

1. **Demographic Survey & Parent PRE-Test forms in this packet completed**
2. **Documentation of child's diagnosis** – Acceptable forms of documentation include any letter or script signed by a physician that states diagnosis, copy of first page of IEP, or Statement of Good Health (if diagnosis listed on this). Please ask the Advocacy staff if you are unsure what documentation is best.
3. **Verification of household income-** You may provide any one of the following: copy of recent tax return, 2 recent paystubs, or any proof of public assistance (such as a copy of your child's free/reduced lunch form, SSI check, or unemployment check)

You may email, fax, or mail these documents to us as soon as they are completed (all contact info below). We suggest you send a copy and keep the original to provide during the intake. The Advocate will review the forms and then contact you to schedule a face to face meeting to complete the remaining forms and intake process.

We look forward to hearing from you,



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Social Services Department

advocacy@bcckids.org

954-943-2253

Broward Children's Center Advocacy Program
200 S.E. 19th Avenue • Pompano Beach, FL 33060
954/943-2253 phone • 954/943--2267 fax



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Broward Children's Center Advocacy Program Demographic Survey

As a non-profit agency, Broward Children's Center Advocacy Program receives funding for its programs from a variety of sources. The following survey was developed to fulfill the requirements for information stipulated by those who underwrite our programs. This information is for statistical purposes only and is completely confidential.

Date: _____

Original Enrollment Date: _____

Sex: M / F

Child's Information

Name: _____

SSN: _____

DOB: _____ Weight: _____

Language: _____

- African American
- Native American
- Hispanic
- Caucasian

- Haitian
- Asian
- Other: _____

Diagnosis (es):

Describe briefly the child's condition and special needs:

School Name:

Grade Level: _____

Type: Public Private Status: Attending Not Attending

Insurance: Private Medicaid Medicaid #: _____

Pediatrician: _____ Phone: _____

Other Physician (if applicable): _____ Phone: _____

Parental Information

Primary Caregiver(s) Name:



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Relationship to Child: _____

Address: _____

City: _____

State: _____

Zip: _____

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Phones: Home : _____ For whom? _____
 Work: _____ For whom? _____
 Mobile: _____ For whom? _____
 Mobile #2: _____ For whom? _____
 Email: _____ For whom? _____
 Employer: _____ For whom? _____

Marital Status: Cohabiting Separated Single Married Divorced Widowed

Secondary Caregiver Name: (if applicable or not listed above) _____

Relationship: _____ Address: _____

City/State/Zip : _____ Phone _____

Email: _____ Employer: _____

Household Members

African American/Native American/Hispanic/Caucasian/ Asian /Hatian/Other

Name (List all members of household):	Race	DOB:	Gender:	Relationship to Child:
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Total Number of persons living in Household: _____

Emergency Contacts

Name: _____ Phone _____ Relationship: _____



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Name: _____ Phone: _____ Relationship: _____
: _____

Name: _____ Phone: _____ Relationship: _____
: _____

Referred to Broward Children's Center Advocacy by: _____



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Broward Children's Center Advocacy Program Parent Pre-Test

Child's Name: _____

Parent/Guardian's Name: _____

The goal of the Advocacy Program is to help parents gain the knowledge, skills, and supports necessary to advocate for their special needs child. The below is a survey to help identify your current knowledge, skills, and supports BEFORE entering our program. After entering our program we will revisit these areas with the goal of seeing improvement as a result of our services.

Please answer as honestly as possible. These questions simply allow us to find how we can best assist the families we serve.

1. My understanding of and satisfaction with my child's individual educational plan is:

___ fairly low (1) ___ moderate (2) ___ fairly high (3) ___ excellent (4)

2. The current amount and quality of special needs services I receive for my child is:

___ fairly low (1) ___ moderate (2) ___ fairly high (3) ___ excellent (4)

3. My current knowledge of special needs rights and entitled benefits and services is:

___ fairly low (1) ___ moderate (2) ___ fairly high (3) ___ excellent (4)

4. My overall satisfaction with my level of knowledge and skills as an advocate for my special needs child is:

___ not satisfied (1) ___ somewhat satisfied (2) ___ very satisfied (3) ___ extremely satisfied (4)

Total _____

Client Intake Date: _____

Advocate Signature/Date: _____

Parent Signature/Date: _____