

# Pilot Parents

Providing services and advocacy to people with intellectual and developmental disabilities and their families since 1953.



## PARTICIPATION FORM

Date Completed: \_\_\_\_\_

This form will be kept confidential. We ask that you complete the entire form as thoroughly as possible so that The Arc staff will be able to make the best possible match for you and the Pilot Parent (veteran parent).

### FAMILY INFORMATION

Participating Parent/Guardian Name(s): \_\_\_\_\_

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

Street or Box #

City

State

Zip

Home Phone #: \_\_\_\_\_

Mother Cell #: \_\_\_\_\_ Father Cell #: \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Mother Birth Year: \_\_\_\_\_ Father Birth Year: \_\_\_\_\_

### Children:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

### EDUCATION/OCCUPATION INFORMATION

Father's education: high school / college / post graduate Major \_\_\_\_\_

Father's Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Mother's education: high school / college / post graduate Major \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ How long? \_\_\_\_\_

### INTERESTS/HOBBIES

Father's \_\_\_\_\_

Mother's \_\_\_\_\_

Family's \_\_\_\_\_

**INFORMATION REGARDING YOUR CHILD WITH SPECIAL DISABILITIES**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

When was disability diagnosed? Before Birth At Birth At age of: \_\_\_\_\_

What is the degree of disability? Mild Moderate Severe/Profound Unknown

What is the primary diagnosis? \_\_\_\_\_

Please list all secondary disabilities or conditions: \_\_\_\_\_

What school/program does your child attend? \_\_\_\_\_

Does your child live with you? Yes No If no, where? (i.e. group home) \_\_\_\_\_

Please list any additional information that you feel would be helpful sharing with the Pilot Parent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Pilot Parents? \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

The Arc of Story County  
Pilot Parents Coordinator  
130 S. Sheldon #302  
Ames, IA 50014

***Achieve with us.***

**For Office Use Only**

Contacted \_\_\_\_\_  
Date Matched \_\_\_\_\_  
Pilot Parent \_\_\_\_\_