



MEMBERSHIP APPLICATION 2012

PLEASE RETURN TO US BY FEBRUARY 29, 2012.

NEW APPLICATIONS ARE REQUIRED TO BE COMPLETED EACH YEAR TO MAINTAIN MEMBERSHIP STATUS. EVEN IF YOU RECEIVE THE NEWSLETTER, AND ARE ON THE MAILING LIST, COMPLETION OF THE APPLICATION DETERMINES WHO IS A FORMAL MEMBER. AS AN ACTIVE MEMBER YOU WILL RECEIVE BENEFITS SUCH AS DISCOUNTS TO DSAHV EVENTS.

Please complete and return to us, along with your membership fee of \$20, as soon as possible. Future events and workshops will be scheduled based upon the information that you provide. All information is kept strictly confidential and is only for the private use of the Down Syndrome Association Hudson Valley. Thanks for your timely cooperation.

First Name: _____ Last Name: _____

Mailing/Street Address: _____

Town: _____ State: _____ Zip: _____

County of Residence: _____

School District your family resides in: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Family member's name with developmental diagnosis: _____ Date of Birth: _____

(*If diagnosis other than Down syndrome please indicate): _____

Please list names and dates of birth for siblings in household (write on back of page if necessary):

| | |
|-------|--------------|
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |

****The annual fee is \$20. Please make checks payable to DSAHV and mail to the address above. You can also make payments online via Paypal by visiting our website, www.dsahv.org. Click on the "donate" button on the home page and note the payment is for your membership dues. You can email this document (or information from it), along with your survey, to info@dsahv.org.**

Thank you in advance for your continued support.

DSAHV ANNUAL SURVEY FOR FAMILY SUPPORT SERVICES

Please rate on a scale from 1-5.

1 as the lowest score, an item you do not agree with; and 5 as the highest score, an item you highly agree with.

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|--|---|---|---|---|---|
| The DSAHV does a good job of supporting parents. | 1 | 2 | 3 | 4 | 5 |
| I find the newsletter a useful tool. | 1 | 2 | 3 | 4 | 5 |
| I find the website to be informative. | 1 | 2 | 3 | 4 | 5 |
| I prefer to have opportunities for social networking rather than informative meetings. | 1 | 2 | 3 | 4 | 5 |
| I prefer to have informative meetings rather than social outings. | 1 | 2 | 3 | 4 | 5 |
| I feel having contact with other parents of special needs children is important. | 1 | 2 | 3 | 4 | 5 |

What topics are of current importance to you and your family? Please check your top 3 choices and prioritize them from 1 to 3 - 1 being the topic you are most interested in. If there is a topic that is not listed please take time to share your thoughts on the back of the page. Again, your information is kept confidential and we thank you for your time.

- Adult Issues-emotional well-being, support services and resources
- Behavioral Strategies-sensory concerns, occupational therapy
- Early Intervention-developmental milestones, service options and recommendations
- Education-inclusion, home schooling, alternatives to public schooling, college education
- Employment Opportunities-post high school planning
- Guardianships & Trusts-Social Security
- Healthcare-guidelines for testing, physician information, gross and fine motor concerns
- Laws and Advocacy-individual rights, promoting research
- Nutrition, Health and Well Being-diet and exercise suggestions, vitamins and supplements
- Residential Options-independent living, group options
- Sibling Supports-networking and information
- Speech and Language Development-communication concerns, relationship building