

2021 Membership Form (January-December)
Down Syndrome Association- Hudson Valley
www.dsahv.org



Your Name: _____ Phone: H- _____
Your Address: _____ C- _____
_____ School District: _____
Email Address: _____, _____
Family Member with Different Ability: _____
Date of Birth: _____
Do you receive services from OPWDD? _____ Do you have a Tab Number? _____
Name and Ages of Siblings: _____

Annual Survey for Family Support Services (FSS)
Please rate on a Scale from 1 to 5, using 5 as the best

DSAHV has been helpful and informative to me, as a parent.	1	2	3	4	5
DSAHV's newsletter, emails, Facebook page and website are informative.	1	2	3	4	5
DSAHV provides opportunities for social networking with other families.	1	2	3	4	5
I feel having contact with other parents is important.	1	2	3	4	5
DSAHV offers useful information by hosting informative workshops.	1	2	3	4	5
Do you use DSAHV as your educational advocate/coach?	_____	YES	_____	NO	

I prefer to: Go "GREEN" and receive all correspondence by email.
 No thank you, please use the postal service.

At events, DSAHV may take pictures to add to our website, Facebook page, brochures or flyers:
 Yes, I give permission to use my family member's photos.
 No thank you, we are camera shy.

I would like to volunteer and I'd like more information on how I can lend my talents.

Occasionally, DSAHV will hold seminars where we bring in guest speakers to teach us about various topics of interest. From the following list, please prioritize THREE topics you are most interested in:

Behavioral Support Issues for Older Adults Sibling Support Employment
 Inclusive Education Speech Therapy Special Education Law and IEP's
 After High School Trusts, SSI, Medicaid Group Homes and Residential Issues
 Other: _____

What can DSAHV do to help improve our services for you and your family? _____

Membership for the year is \$12-. Please make checks payable to DSAHV and they can be mailed to:
DSAHV, PO Box 161, Hopewell Junction, NY 12533