



## **Family Ties of DC**

### **Support Parent Application**

**Deadline: Friday, April 5, 2019**

**Dear DC Parents of Children with Disabilities,**

**Family Ties of DC** is progressing forward to build its foundation of the “new” parent to parent program for District of Columbia parents and caregivers of children with disabilities, to make connections for emotional and information support with another parent of a children with disabilities with their shared experiences in the parenting journey. This program is specifically designed to match a parent, *Referred Parent*, who has children with a disability with an experienced parent of a child with a disability, *Support Parent*, to provide *free and confidential* support, information, and connection.

Ultimately, the success of the **Family Ties of DC** is reliant on securing *Support Parents* who are committed and trained to serve the support needs of the *Referred Parent* to create a Parent Match. Therefore, a call is being made throughout the culturally and linguistically diverse communities of the District of Columbia for interested parents of children with disabilities,

To apply for this volunteer position, *Support Parent*, the following criteria must be met:

- District of Columbia parent of a child with a disability of *any* age
- Willing to share your experiences and knowledge at your discretion.
- Agree to completion of *Support Parent* training series followed by a 1-year commitment to serve as a *Support Parent*.
- For each match, *Support Parent* should make at least 4 contacts with each assigned Referred Parent within first 8 weeks.
- Demonstrate compassion and respect toward the *Referred Parent* by acknowledging their value and supporting their informed choices.

The benefits of participating as a *Support Parent* of **Family Ties of DC** are:

- *Free* trainings accompanied with a training manual
- Earn a Training Certificate of Completion as a *Support Parent*
- Developing relationships of mutual support that will benefit your parenting journey
- Giving back and making a valued difference in the lives of parents and their families.
- Being a part of creating the central point of connection to information on support and services as a resident of the District of Columbia

Please complete and sign the attached *Support Parent* application and return it to me no later than **Friday, April 5, 2019**. Once application has been received, I will contact you to schedule a meeting to discuss areas/topics of experience, details of availability, and commitment to the program.

If you have *any* questions or concerns about the program and/or completing the application, please feel free to contact me at [rwhite@dcqualitytrust.org](mailto:rwhite@dcqualitytrust.org) or (202)459-4002.

I am looking forward to working with each one of you to build the **Family Ties of DC**, where DC parents of children with disabilities can receive emotional and information support to better serve their families.

Sincerely,

*Rhonda White*

Rhonda White, Program Coordinator

**Family Ties of DC**

(202)459-4002

[rwhite@dcqualitytrust.org](mailto:rwhite@dcqualitytrust.org)



**Ethnicity:**            **Hispanic** \_\_\_\_\_ **Non-Hispanic** \_\_\_\_\_

**What language do you use at home?** \_\_\_\_\_

**Please list all languages in which you are proficient.**

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

**Do you have any military background? Yes** \_\_\_\_ **No** \_\_\_\_

**If yes, list which branch.** \_\_\_\_\_

**Please list any formal education/training.**

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

**Are you currently employed? Yes** \_\_\_\_ **No** \_\_\_\_

**If, yes, please list the name of your employer and your position.**

\_\_\_\_\_ / \_\_\_\_\_

**Provide a brief description of your work (paid or volunteer experiences).**

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

**List any trainings/workshops/certifications/conferences that have had an impact in terms of your knowledge in the disability field and/or that might relate to the Support Parent role.**

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

**List support/parent groups, boards, or councils to which you participate.**

---



---



---

**List hobbies, areas of interest/expertise, and community activities.**

---



---



---

**Are you prepared to attend the trainings? Yes \_\_\_ No \_\_\_**

**Preferred Day/Time for Parent Support Trainings**

**Day and Time (Select in order of your preference...1, 2, 3):**

**Mondays/Wednesdays 10:00 a.m. - 2:00 p.m. \_\_\_\_\_**  
**Mondays/Wednesdays 6:30 p.m. - 8:30 p.m. \_\_\_\_\_**  
**Saturdays 10:00 a.m. - 2:00 p.m. \_\_\_\_\_**

**Please list your family member(s) with a disability, including yourself**

<u>Name(s)</u>	<u>Age(s)</u>	<u>Disabilities</u>	<u>*Relationship to You</u>

***\*Relationship to the family member:***

***Father    Mother    Grandfather    Grandmother    Parental Caregiver    Legal Guardian***

**Please list any accommodations that you may need to participate in the program and/or trainings.**

---

---

---

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to acceptance in Parent Support Training program, I understand that false or misleading information in my application or interview may result in disqualification from the Support Parent Program.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for completing the Support Parent Application!**  
**Please submit via an e-mail, or fax by Friday, April 5, 2019 to:**

**Rhonda White**  
**Quality Trust for Individuals with Disabilities**  
**4301 Connecticut Ave NW Suite 310**  
**Washington, DC 20008**  
**Office (202)459-4002**  
**Fax (202)448-1450**  
**[rwhite@dcqualitytrust.org](mailto:rwhite@dcqualitytrust.org)**