



Riley's Warriors

www.rileyswarriors.org

Changing Lives... One Prayer at a Time

Dear Parent/Guardian of an Individual with Special Needs:

You are holding in your hands what may be the most important tool for the next few years of your life. We at Riley's Warriors call this "The HOPE Notebook" (Helping Organize and Prepare Effectively), an organizational system for parents, family members and caregivers of individuals with disabilities.

In caring for an individual with special health care or educational needs, you receive paperwork and information from a wide array of sources. This system will help you organize all of that information in one location so that you can find it when you need it. And, by keeping the information in a central location, it becomes easier to share information with others who are part of the individual's educational or health care team.

Take a moment to look through the HOPE Notebook. You'll find eight tabs to help you organize your information. Behind each tab, you'll find a number of forms to help you identify and record pertinent information about the individual under your care. Some forms you will use, some you will not, and some you may want to change to better suit your needs. You'll find helpful hints along the way to help get you started. Take some time to organize the information that you already have on hand. You'll be very glad you did!

Remember to make copies of the blank forms that you might need extra copies of in the future.

Use your HOPE Notebook to track changes in treatments, medications, therapies and goal attainments. As time passes, progress will be much easier to track and questions will be much easier to answer. You will be much better prepared for evaluations, for diagnostics ... even for visits to the doctor's office. You will be more certain of your answers to the numerous questions that arise. You will be able to share information with other parents more effectively, as well.

Finally, when you are away from home, the emergency contact numbers found in your HOPE Notebook, along with the detailed care instructions, will provide the information that others will need to take care of your loved one in your absence.

Should you have questions about this system, or suggestions on how to improve it, feel free to contact me. I would love to hear from you.

May God Bless You,

Michelle McClanahan
Executive Director, Riley's Warriors, Inc.
Michelle@RileysWarriors.org



**EMERGENCY
SECTION**



Information Needed by Emergency Care Providers

If you believe this is a **MEDICAL EMERGENCY**, call **911** immediately!

CHILD INFORMATION		
Child's Name:		Nickname:
Date of Birth:		Blood Type:
Height:	Weight:	Date Last Checked:
DIAGNOSES		
Brief Medical History (Diagnosis/es & Dates):		
NORMAL ACTIVITY		
Briefly describe what your child is usually like (how active and aware of surroundings, how responsive to others, and any physical differences that are typical for your child, such as noisy breathing, etc.):		
MEDICATIONS		
List Current Medications (dosage, time given)		
1.	6.	
2.	7.	
3.	8.	
4.	9.	
5.	10.	



Information Needed by Emergency Care Providers (continued)

FAMILY INFORMATION		
Mother's Name:		SSN:
Address:		
Home:	Work:	Mobile:
Father's Name:		SSN:
Address:		
Home:	Work:	Mobile:
Names of Siblings:		
Other Household Members:		
Important Family Information:		
Language Spoken at Home:		Interpreter Needed: Yes No
Interpreter's Name:		Phone:
Emergency Contact:		Relationship:
Address:		
Home:	Work:	Mobile:



Emergency Care Summary: Time Care

Use the following pages to make a plan of activities or care for your child, if needed. In case of emergency, and you are not able to attend to the care of your child, these instructions will be very important for the designated caregiver.

TIME CARE
Morning:
Afternoon:
Evening:
Night:



Emergency Care Summary: Activities of Daily Living

Use this page to describe your child's abilities to feed him/herself, bathe, get dressed, use the toilet, comb hair, brush teeth, etc. Describe what your child can do by him/herself and any help or equipment your child uses for these activities. Describe any special routines for bath time, getting dressed, etc.

	Date:



Emergency Care Summary: Nutrition

Use this page to describe your child's nutritional needs, including foods and nutritional formulas your child takes, any food allergies and/or restrictions, and any special feeding techniques, precautions, or equipment used for feeding. Describe any special mealtime routines your family and child have:

	Date:



MEDICAL SECTION



Medical – Equipment/Supplies

Name of Equipment:	
Description (brand name, size, etc.):	
Date Obtained:	Supplier:
Contact Person:	Phone:

Name of Equipment:	
Description (brand name, size, etc.):	
Date Obtained:	Supplier:
Contact Person:	Phone:

Name of Equipment:	
Description (brand name, size, etc.):	
Date Obtained:	Supplier:
Contact Person:	Phone:

Name of Equipment:	
Description (brand name, size, etc.):	
Date Obtained:	Supplier:
Contact Person:	Phone:

Name of Equipment:	
Description (brand name, size, etc.):	
Date Obtained:	Supplier:
Contact Person:	Phone:



Medical –Support Resources

Resource Name:	
Contact Person:	
Address:	
Phone:	Fax:

Resource Name:	
Contact Person:	
Address:	
Phone:	Fax:

Resource Name:	
Contact Person:	
Address:	
Phone:	Fax:

Resource Name:	
Contact Person:	
Address:	
Phone:	Fax:

Resource Name:	
Contact Person:	
Address:	
Phone:	Fax:



EDUCATION SECTION



Education - Recommendations for Getting Action on Your Request for Special Services

1. Keep all of your child's records together in one place.
2. Be sure that, on any specific interaction, you are dealing with the school official who is authorized to make certain statements and decisions.
3. Record each action you take in the process of requesting special education services for your child.
4. Keep a copy of every letter that you write to school officials for yourself.
5. Put as much in writing as you can, and request school officials with whom you deal to put their statements, promises and decisions in writing for you also. Ask for the date by which changes will be made, written responses will be sent, a specific action will be taken, etc.
6. Ask school officials for printed copies of documents which pertain to a child's education rights, such as state laws and regulations, federal laws, appeal procedures, etc.

Superintendent's Name: _____ Phone: _____

The individual in my school district or the supervisory position who is responsible for special education is:

Name: _____

Title: _____ Phone: _____



Education - Preparing for Meetings

If school professionals schedule a meeting with you, it must be at a time and place that both the school and you (the parent or guardian) agree upon - not just at the school's convenience. You must be notified of meetings early enough to ensure that you have the chance to attend and can be prepared (2 weeks or 10 days is usually considered a reasonable amount of time). If you cannot attend the meeting at the time or location the school has scheduled, ask them to reschedule at a time or location that is more convenient for you. Discuss with them other times and locations. Explain your reasons for requesting the change.

Before the meeting, you should have the information below. If you do not have all of the information, contact the person responsible for the meeting and ask them:

- The reason the school is requesting the meeting
- The topics of discussion
- Who will be attending
- Where and when the meeting will be held and how much time will be allowed for the meeting
- What, if any, information you are expected to bring

No matter who schedules the meeting, you should do the following to be prepared:

- Let the school know in advance if you will need a translator
- You might ask a family member, friend, advocate or another person you trust to attend the meeting with you
- Get a babysitter for your other children and arrange for transportation if you need it
- Take with you specific reports or information the school requests, as well as your child's files and records



Education - Meeting Notes

Date:	Time:	Location:
Persons Attending the Meeting:		
Purpose of the Meeting:		
Questions I Want to Ask:		
New Information Received at the Meeting:		
Decisions Made at the Meeting:		
Acceptance of Decisions:		



Education - What To Keep

Your child's schoolwork is very important and keeping samples of his or her work will assist you in evaluating his or her progress.

Keep examples of the following:

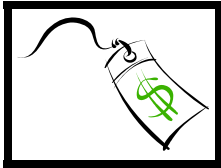
- Math computations
- Creative writing
- Sample tests
- Drawings
- Work which shows repetitive errors such as spelling, letter and/or number reversals



EVALUATIONS SECTION



FINANCIAL SECTION

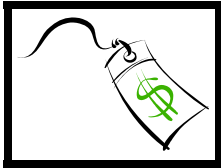


Financial – Parent/Guardian Employment

MOTHER'S EMPLOYMENT	
Employer:	
Occupation:	Work Phone:
Work Address:	
Insurance through Employer: Yes No	Type: Medical Dental Life
Insurance Contact:	Phone:

FATHER'S EMPLOYMENT	
Employer:	
Occupation:	Work Phone:
Work Address:	
Insurance through Employer: Yes No	Type: Medical Dental Life
Insurance Contact:	Phone:

GUARDIAN'S EMPLOYMENT	
Employer:	
Occupation:	Work Phone:
Work Address:	
Insurance through Employer: Yes No	Type: Medical Dental Life
Insurance Contact:	Phone:



Financial – Sources of Support

INSURANCE

Insurance Name/Type:

Policy Number:

Contact Person/Title:

Address:

Phone:

Fax:

INSURANCE

Insurance Name/Type:

Policy Number:

Contact Person/Title:

Address:

Phone:

Fax:

MEDICAID

Medicaid Number:

Contact Person/Title:

Address:

Phone:

Fax:

SSI (SUPPLEMENTAL SECURITY INCOME)

SSI Number:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:

OTHER

Other:

Contact Person/Title:

Address:

Phone:

Fax:



RESOURCES SECTION



Resources – Riley's Warriors

For Additional Resources
Visit the Riley's Warriors Web Site at:

www.RileysWarriors.org

and Click on the **Resources** Link



Resources – Family Support Resources

Check Type of Resource:						
<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
Name:						
Contact Person:						
Address:						
Phone:				Fax:		

Check Type of Resource:						
<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
Name:						
Contact Person:						
Address:						
Phone:				Fax:		

Check Type of Resource:						
<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
Name:						
Contact Person:						
Address:						
Phone:				Fax:		

Check Type of Resource:

<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
---	---	---	---	---	---	--------------------------------

Name:

Contact Person:

Address:

Phone:

Fax:

Check Type of Resource:

<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
---	---	---	---	---	---	--------------------------------

Name:

Contact Person:

Address:

Phone:

Fax:

Check Type of Resource:

<input type="checkbox"/> Parent to Parent	<input type="checkbox"/> Counseling Group	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
---	---	---	---	---	---	--------------------------------

Name:

Contact Person:

Address:

Phone:

Fax: