

INDIANA FAMILY TO FAMILY  
 APPLICATION FOR THE FAMILY INVOLVEMENT FUND  
 October 1, 2009 – September 30, 2010  
**General Information**

Application Date: \_\_\_\_\_

**This is an Application for:**

- Training Event (e.g., conference, workshop, online)
- Books, Printed Materials, CD/DVD/Video
- Other Meetings (e.g., special education, task force, hearing)

**Please Complete Name & Contact Information:**

First Applicant: \_\_\_\_\_  
First & Last Name

Relationship to Child:  
 Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Other Relative \_\_\_\_\_ Foster \_\_\_\_\_ Educational Surrogate \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Second Applicant: \_\_\_\_\_  
First & Last Name

Relationship to Child:  
 Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Other Relative \_\_\_\_\_ Foster \_\_\_\_\_ Educational Surrogate \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Address #1: \_\_\_\_\_  
Street Address, P. O. Box  
 City, State, Zip: \_\_\_\_\_

Address #2: \_\_\_\_\_  
Street Address, P. O. Box  
 City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please Complete Information About Your Child:**

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ (birth through age 5 only)

Race:  
 African-American/Not Hispanic \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_  
 Asian/Pacific Islander \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Multi-Racial \_\_\_\_\_  
 White/Not-Hispanic \_\_\_\_\_

Current Services: First Steps \_\_\_\_\_ Special Education \_\_\_\_\_

**Your Child's Disability:**

Autism Spectrum Disorder _____ Blind or Low Vision _____ Cognitive Disability _____ Deaf or Hard of Hearing _____ Deaf-Blind _____ Developmental Delay (Early Childhood) _____	Emotional Disability _____ Language or Speech Impairment _____ Multiple Disabilities _____ Other Health Impairment _____ Orthopedic Impairment _____ Specific Learning Disability _____ Traumatic Brain Injury _____
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