



Yaldei Shluchoi HaRebbe Registration Form

Yaldei Shluchoi HaRebbe was founded to help relieve the burden of the challenge of raising a child with special needs by providing a framework of support to Shluchim. Our comprehensive program, designed to address a unique set of needs, strengthens the ability for Shluchim to provide for their special needs children and the rest of their family while fulfilling their Shlichus in the best possible manner.

Please complete and return this registration form so Yaldei may begin services. Rest assured that all contents of this form are kept strictly private. Yaldei will not disclose any of the following information without your consent.

General Information	
Child Name – Legal:	
Child Name – Hebrew :	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB:	/ /
Father Name – Legal:	
Father Name – Hebrew:	
Mother Name – Legal:	
Mother Name – Hebrew:	
Mother Maiden Name:	
Address:	
City/State/County:	
Zip code:	
Country:	
Head Shliach:	
Home Phone:	
Work Phone:	
Cell Phone - Father:	
Cell Phone - Mother:	
Email – Father:	
Email – Mother:	

Number of siblings:	# Older:	# Younger:
Names of Older Siblings: <i>Please indicate if married</i>		
Names of Younger Siblings:		
Would you like your other children to participate in the SibClix support program? <i>If you select yes, please fill out the attached SibClix form.</i>		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

Medical Information

Medical Condition/Diagnosis: <i>Please list all diagnosis</i>			
Age at time of diagnosis:			
Insurance:	Primary:	Secondary:	Other:
Is your child receiving SSI benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>
Is your child receiving Medicaid benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>
Is your child enrolled in Medicaid Waiver Program:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>
Is your child receiving any services from state or voluntary agency:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>
Current School/Day Program:			

Do you have the following documentation?

Medical Diagnosis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychological Evaluation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adaptive Behavior Scale:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list all therapies your child is receiving

Use separate sheet of paper if necessary

Type of Therapy	Location <i>Home/School/ Etc.</i>	Cost Per Hour	Frequency <i>Per week</i>	Total Cost <i>Annual</i>	Insurance Coverage

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Additional Costs	
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Type	Additional Cost
Physical Equipment	
Essential Homecare	
Special Diet	
Other	

Please list the therapies you would like your child to receive if you had the necessary funds				
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Type of Therapy	Location <i>Home/School/Etc.</i>	Cost Per Hour	Frequency <i>Per week</i>	Total Cost <i>Per Week</i>

Please list respite opportunities you would like your child to participate in				
<i>Summer or Winter Camp / Respite Activities / Shabbatons etc</i>				

Type of Activity	Location	Currently Attending	Cost	Duration
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Please use this space to share additional comments/important information:

For Mothers: Would you like to be part of our anonymous support forum? Yes No

Privacy Statement

Yaldei Shluchei HaRebbe is committed to keeping all information stated in the above form and other correspondence strictly confidential. No information will be disclosed outside of the Yaldei offices without parental consent. Information will be shared among Yaldei staff as deemed necessary. Please review the following privacy allowances. You MUST select one option for each.

I allow Yaldei to share information with the central office of Merkos 302 regarding scholarship and reimbursement opportunities.

I Allow I Do Not Allow

I allow Yaldei to use photos of my family (parents/children/siblings) in publicity literature and articles.

I Allow I Do Not Allow

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

Office Use Only

Date Received: / / Updated On: / /

Please email completed forms to Sholly@yaldei.com or fax to 718-989-8586

Yaldei Shluchei HaRebbe – Special Needs Organization

Address: 353 Kingston Av #302 Brooklyn, NY 11213 **Phone:** 646-558-5800 **Fax:** 718-989-8586

Web: www.yaldei.com

