

2018 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