



parent's



first
CALL

Congratulations on the birth of your new baby from The Down Syndrome Partnership of North Texas!

The Down Syndrome Partnership of North Texas (DSPNT) supports individuals with Down syndrome, their families and caregivers in achieving the universally desired goals of self-fulfillment, pride in one's achievements, inclusion in the community and reaching one's fullest potential through social and educational activities.

The Down Syndrome Partnership of North Texas' **Parent's First Call** (PFC) program is designed to connect a newly diagnosed family with a trained parent volunteer. Volunteers provide accurate, up-to-date information and answer questions and concerns in a confidential and supportive manner. They also deliver a basket with resources, books and gifts that is specially prepared by The DSPNT. All of our volunteers are trained and must pass a criminal background check.

Due to privacy concerns, the hospital cannot share your information with The DSPNT without your permission. If you would like to connect with us, please complete the following information:

I grant permission to _____ hospital to release my name, address, phone number, baby's name and date of birth to The DSPNT so I may be contacted by them.

Signature _____

Date _____

Name _____

Address/City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Baby's Name _____ Gender _____ Baby's DOB _____

Baby's Race: ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White

I hereby release _____ hospital and The Down Syndrome Partnership of North Texas from any and all liability for any and all such claims or damages which may at any time result on account of compliance with this authorization. I also acknowledge that I am the parent or legal guardian of this baby.

Please check all that apply:

- ☐ I would like a phone call from a PFC Mom or Dad (circle one or both)
- ☐ I would like a visit from a PFC Mom or Dad (circle one or both) with a PFC basket and resources
- ☐ I would like to be added to the DSPNT mailing list

For Hospital Use:

Please email this form to blake@dspnt.org or call 682-316-3121.

The Down Syndrome Partnership of North Texas

P.O. Box 766, Fort Worth, Texas 76101

www.dspnt.org