

*Oklahoma Family Network Application to request  
a Supporting Parent (Parent Match)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_

Address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

School District \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Highest level of education \_\_\_ GED \_\_\_ H.S. \_\_\_ College \_\_\_ Grad School & above

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed

Nationality \_\_\_\_\_ Primary Language \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Name of each child	Date of Birth	Gender
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child(ren) with Special Needs**

Name(s) \_\_\_\_\_

Gestational age at birth: \_\_\_\_\_ Hospital born in: \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Other Diagnosis, symptoms or areas of concern \_\_\_\_\_

Agencies providing for your child \_\_\_\_\_

\_\_\_\_\_

Special Concerns &/or Resources I would like to receive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferences**

We will attempt to match you according to the information you supply. List the following categories in the order they are important to you:

- Child’s age
- Child’s disability
- Your nationality/culture
- Your education level
- Area/school district
- Other (Provided so that you can elaborate on an area you feel is important.  
Example: religion)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_

**All information submitted into the OFN database will be kept confidential. No one except those persons trained to be OFN Support Parents will have access to this information.**

You may also fill out this form online at [www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org) and e-mail to: heather-pike@oklahomafamilynetwork.org

Mail it to: OFN  
PO Box 21072  
OKC, OK 73156