



VIP INFORMATION UPDATE FORM

Date of Update: _____
 Update Completed By (print name): _____
 Update Completed By (signature): _____
 Relationship to VIP: _____
 Primary Buddy Break Location: _____

Please fill out any new pertinent information so that we can keep our records up to date.

PERSONAL INFORMATION

VIP Child's First Name: _____ Last Name: _____

CHANGE TO CONTACT INFORMATION

Please list any changes in your contact information.

Name: _____ Mother Father Guardian

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Please list any changes for anyone else that is authorized to pick up your child from **Buddy Break**.

Check one: Add the following Remove the following

Name: _____ Relationship: _____ Phone: _____

Check one: Add the following Remove the following

Name: _____ Relationship: _____ Phone: _____

CHANGE TO MEDICAL INFORMATION

Please list any changes in equipment, medication, development, motor skills, communication skills, dietary and feeding skills, toilet and hygiene needs, behavior, etc.

Please list any other changes in your child's information and/or progress that we should know about to take better care of your child.

CHANGE TO MEDICAL, INSURANCE, AND EMERGENCY CONTACTS

Please list any changes of physician, insurance, and/or emergency contacts.

Child's Primary Physician: _____ Phone: _____

If you have changed your medical plan of care for emergency procedures, please provide us with a copy.

Insurance Provider: _____ Policy Number: _____

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Check one: Add the following Remove the following

Emergency Contact Name: _____ Relationship: _____

Phone (day): _____ Phone (evening): _____

Check one: Add the following Remove the following

Emergency Contact Name: _____ Relationship: _____

Phone (day): _____ Phone (evening): _____

CHANGE TO ADDITIONAL INFORMATION

Please list any change of **resources** (i.e. specialists, therapists, nursing or home health care agencies) that you use/have used and that you would recommend to other VIP kids and their families.

Check one: Add the following Remove the following

Name: _____ Phone: _____

Specialty: _____ Currently using Used in past

Check one: Add the following Remove the following

Name: _____ Phone: _____

Specialty: _____ Currently using Used in past

Please recommend any other helpful resources for VIP families that we could share. _____

CHANGE TO OPTIONAL DEMOGRAPHIC INFORMATION

When applying for grants, we are asked for certain information. Please respond to these *optional* questions to help us in acquiring funds for Buddy Break.

Family income level: < \$20,000 \$20,001 – 30,000 \$30,001 – 40,000 \$40,001 – 50,000 \$50,001 – 60,000 > \$60,001

Race/Ethnicity: African-American/Black American Indian or Alaska Native, tribe: _____ Asian Indian Caucasian/White Chinese Other, please specify _____ Filipino Guamanian or Chamorro Hispanic/Latino/Latina Japanese Korean Native Hawaiian Pacific Islander Samoan Vietnamese

VIP mother's birth year: _____ VIP father's birth year: _____

CHANGE TO OTHER INFORMATION

Please list any other changes that we should be aware of.

Thank you for helping us provide the best care possible for your child!

COORDINATOR USE ONLY

VIP update copied and sent to Nathaniel's Hope Date: _____

Nathaniel's Hope OFFICE USE ONLY

VIP update received Date: _____

Other BB locations notified: _____ Date: _____

Entered in database by: _____ Date: _____