

# Parent to Parent Application Request for Parent Mentor Match

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Information about Child

Name: \_\_\_\_\_ Gender:      M    F

Birthdate of Child: \_\_\_\_\_ Age of Child when Diagnosed: \_\_\_\_\_

Diagnosis: (Please circle one)

PDD      Autism      Aspergers

Other \_\_\_\_\_

Child's Communication (e.g. verbal, non-verbal, PECS, etc.)

\_\_\_\_\_

If your child is of school-age how is your child's schooling supported:  
(Home Schooled, Fully integrated with EA support, integrated without EA  
support etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child is an adolescent or adult, what are their current living  
arrangements?: \_\_\_\_\_

\_\_\_\_\_

*I wish to be matched to a volunteer parent for the Parent to Parent Program and so give permission to Autism Society Manitoba (ASM) to collect and retain the information above for the purposes of this program. I also give permission to ASM to release my contact information to any volunteer parent with whom I am matched.*

\_\_\_\_\_  
*Signature of Parent Requesting a Match*

**Please return this form to:**

Autism Society Manitoba  
825 Sherbrook Street  
Winnipeg, Manitoba  
R3A 1M5