TO BECOME A POPS MENTOR

Parents Offering Parent Support (POPS)

Please send completed application to:
Family Centered Care Coordinators, Children's Mercy, 2401 Gillham Road, Kansas City, MO 64108
Email: pops@cmh.edu Questions: 816-302-8229

_____ _____ _____
Your Name Phone (Home) Phone (Cell)

_____
Home Address

_____ _____
E-mail Occupation

_____ _____ _____
Name of child with health needs/experience Child's Date of Birth Relation to you

_____
Child's Primary Diagnosis

_____ _____ _____
Second child with health needs/experience Child's Date of Birth Relation to you

_____
Child's Primary Diagnosis

Do you have other children? If yes, please list names and dates of birth ☐ Yes ☐ No

_____ _____ _____

What Children's Mercy locations does your family use? (Circle all that apply)

Main Hospital Kansas Northland West (Cordell Meeks) East Broadway

Why do you want to be a POPS Mentor?

_____

_____

Are there any other languages you comfortably speak?

_____

Name of a Children's Mercy staff member we may contact as a reference:

_____

Please check which Children's Mercy services your family has used? (Check all that apply)

PAST YEAR	EVER	
☐	☐	Allergy/Asthma/Immunology Clinic
☐	☐	Arrhythmia Clinic
☐	☐	Autism Clinic
☐	☐	Bedwetting (Enuresis) Clinic
☐	☐	Bone & Mineral Disorders Clinic
☐	☐	Burn Clinic
☐	☐	Cardiology Clinic
☐	☐	Cardiovascular Surgery Clinic
☐	☐	Cleft Palate/Craniofacial Clinic
☐	☐	Cystic Fibrosis Clinic
☐	☐	Dental Clinic
☐	☐	Dermatology Clinic
☐	☐	Developmental/Behavioral Sciences Clinic
☐	☐	Diabetes Clinic
☐	☐	Dialysis/Kidney Transplant Clinic
☐	☐	Downs Syndrome Clinic
☐	☐	Ear, Nose, & Throat Clinic
☐	☐	Endocrine Clinic
☐	☐	Gastroenterology Clinic
☐	☐	General Surgery Clinic
☐	☐	Genetics Clinic
☐	☐	Hematology/Oncology Clinic
☐	☐	Hypertension Clinic
☐	☐	ICN (Intensive Care Nursery)
☐	☐	Infectious Disease Clinic
☐	☐	Inpatient Unit _____
☐	☐	Integrative Pain Medicine Clinic
☐	☐	Lab (Outpatient)
☐	☐	Lactation Clinic
☐	☐	Liver Care/Transplant Clinic
☐	☐	Nephrology (Kidney, Renal) Clinic
☐	☐	Neurology (Seizures, Brain, Nerves) Clinic
☐	☐	Nutrition Clinic
☐	☐	Ophthalmology (Eyes/Vision) Clinic
☐	☐	Orthopaedic (Bones, Joints) Clinic
☐	☐	Pediatric Care Center (PCC)
☐	☐	PICU (Pediatric Intensive Care Unit)
☐	☐	Plastic Surgery Clinic
☐	☐	PT/OT (Physical/Occupational Therapy)
☐	☐	Pulmonology (Lungs) Clinic
☐	☐	Radiology
☐	☐	Rehabilitation Clinic
☐	☐	Rheumatology Clinic
☐	☐	Special Care Clinic
☐	☐	Speech/Language/Hearing Clinic
☐	☐	Spine Clinic
☐	☐	Urgent Care Clinic
☐	☐	Urology Clinic
☐	☐	Other _____

_____ _____

Signature Date