



PARTICIPATE IN THE TITLE V NEEDS ASSESSMENT

ARE YOU THE PARENT OF A CHILD WITH SPECIAL HEALTH CARE NEEDS?

We want to hear from you about the needs, barriers, and experiences of your child and family! Your participation will help shape the priorities and services for Iowa's children with special health care needs and their families.

You will have the opportunity to participate in a 30-minute phone interview conducted by staff from Child Health Specialty Clinics at University of Iowa Health Care.

Participants will receive a **\$40** stipend, and all responses will remain confidential.

WHAT IS A SPECIAL HEALTH CARE NEED?

Do you meet any of the following criteria?

- Does your child need more medical care, mental health, or other services than most children their same age?
- Is your child limited in their ability to do things most children their same age can do?
- Does your child need special therapies?
- Does your child receive services for emotional, developmental, or behavioral concerns?
- Does your child have any chronic conditions that impact their daily life?

To participate, scan the QR Code or visit chsciowa.org/survey

