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SPAN Family Block Grant Testimony Template

Please briefly describe your family situation: family composition; age, disability/special healthcare needs, race/language, and socio-economic status; any special circumstances; and the systems your child/family is involved with.

What barriers, concerns, problems have you faced regarding maternal and child health in your family?

If you have received services from Title V Maternal and Child Health Program, please answer below:

Which Title V Maternal and Child Health programs are you receiving services from (Healthy Women, Healthy Families; Community Doula; home visiting; Central Intake; Maternal and Child Health Consortia; screening to identify disabilities or special healthcare needs; lead poisoning prevention; Children with Special Healthcare Needs Case Management Units; SPAN Family Resource Specialists; Parents As Champions for School Health; obesity prevention; smoking cessation; etc.), if any?

Please share 2-3 specific actions taken or supports that were provided to you through the Title V Maternal and Child Health program that helped you to address the barriers, concerns or problems that you were facing. What was the result in terms of outcomes for your child(ren) and family?

In addition to the specific services you received, did the Title V Maternal and Child Health program help you in any other ways? Did they help you to develop your advocacy skills? Confidence? Feeling of competence? Ability to cope? Connect you to other families for ongoing support?

Are there any barriers or concerns or problems that have not been resolved? What would help you address those barriers or concerns or resolve those problems?

If you have not received services from Title V Maternal and Child Health Program, please answer below:

Did you reach out to the Title V Maternal and Child Health Program to get help? What happened?

Do you still have barriers, concerns or problems that have not been resolved? What would help you address those barriers or concerns or resolve those problems?

Whether or not you are receiving, or have received, services from the Title V Maternal and Child Health Program, please answer the following question:

Given your personal experience, and the experience of other families you know, what would be your recommendations to improve services for women, pregnant women, infants, children and adolescents, and children with special healthcare needs?

Please add anything else that you think is important for the State Title V Maternal and Child Health Program staff to know as they do their needs assessment and develop their application for the Maternal and Child Health block grant funds.