



Male Caregivers Advocacy Support Group



Please Print/Check all that applies/Fax to 202-580-6489 or mail to 2124 Martin Luther King, Jr. Avenue, SE, Washington, DC 20020

Name: _____

Address: _____ Phone _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Do you have a child with disabilities? Yes No

Is your child a HSCSN Member? Yes No Previous Member

Will you need transportation to and from the program? Yes No

Will you need child care? Yes No

How did you hear about us? _____