

**CFC Sibling Matching Program**

We are glad that you are interested in participating in the CFC sibling matching program! We hope that you will find the support that you are looking for, and that you will develop a lifelong friendship with another CFC sibling. Please review the guidelines below, complete the form, sign the parent permission section, and return to gina@cfcsyndrome.org or mail to 502 Delaware Avenue, Delmar, New York, 12054. Thank you!

**Guidelines**:

When interacting within the sibling matching program, remember to…

* Be a good listener.
* Acknowledge that everyone’s story and situation is different.
* Refrain from judging or criticizing.
* Use supportive, caring language and encourage each other!
* Be respectful of privacy and sharing of sensitive information.

**Procedure**:

* Complete the matching form (including parent permission for siblings under age 18)
* Receive notification of your match and contact information.
* Start communicating!
* Siblings should decide how they want to communicate. Siblings can choose to communicate by phone, email, mail, Skype, FaceTime, Google hangout, texting, Facebook, etc.
* How frequently the siblings wish to connect should also be discussed. Will the siblings check in as needed, every week, once per month, etc.? Having clear expectations will be helpful.
* Build the relationship by sharing information about what’s going on in your life, and listening to what’s been happening in the other person’s life, too.
* Have fun! We hope this program enables CFC siblings to develop new friendships and give/receive support from someone who shares similar experiences.

 **Matching Form**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFC Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFC Child’s Age of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Sibling to be enrolled in matching program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Sibling: \_\_\_\_\_\_\_\_\_\_\_\_ Gender (M/F): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s phone number (indicate home or cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred communication methods (check all that apply):

☐ Phone ☐ Skype ☐ FaceTime ☐ Email ☐ Letter ☐ Facebook ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is important to you in a match (lives within driving distance, same age, etc. Please be specific in what you are looking for in in a match)?

Please provide a brief biography including your interests and hobbies, which can be provided to your match. What do you hope to get out of the matching program?

**Parent Permission & Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to participate in CFC International’s sibling matching program.

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I hereby give CFC International the absolute right and permission to release my contact information to others participating in the Program. I understand that it is my parent/guardian responsibility to supervise my child’s contact and interaction with another sibling and not the responsibility of CFC International.

Our contact information and personal details are included in the matching form, and I understand that this information may be provided to the sibling/their parents matched with my child. I understand the information that I provide will not be used by CFC International for any other purposes or released without my consent. I also understand that my child and I may not use another family’s information for any other purposes, or release it without their consent.

Signature (sibling) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_