



My Favorite Things

My Personal Workbook of
Welcoming and Respectful Resources

Name: _____

RWJBarnabas
HEALTH

**Children's
Specialized
Hospital**



Babysitters, Caregivers, and Other Respite Providers

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Camps – Inclusive and Specialty

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Child Care, Babysitters, and Respite Providers

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Colleges and Universities

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Dentists and Orthodontists

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Durable Medical Equipment and Accessories

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Family Supports

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Health Care Providers

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Home Modification Providers

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Legal Services

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Local Special Needs Groups

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Museums, Theaters, Arts, and Culture

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Optometrists and Ophthalmologists

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Orthotics and Prosthetics

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Parks, Gardens, Outdoor Activities, Picnic Areas

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Pharmacists

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Playgrounds and Play Areas

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Recreation Activities, Sports, and Exercise

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Restaurants, Diners, and other Eateries

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Safety Tools and Resources

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Salons and Barber Shops

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Social Events, Clubs, and Meet-ups

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Special Events and Activities

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Technology Needs

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Therapies and Interventions

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Transportation Providers

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Vacation Destinations

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Vehicles and Modifications

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____



Volunteering and Charitable Events

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____

Name: _____

Location: _____

Contact Information: _____

Personal Details: _____





Through a partnership with Kohl's Cares, Children's Specialized Hospital is improving access to care for children with special health care needs.

RWJBH.org/CSH



Children's
Specialized
Hospital

