



GET INVOLVED WITH THE FRIENDS

The Friends of Boone County Family Resources meets quarterly to discuss organizational business and hear from a speaker on a relevant topic.



ACTIVITIES OF THE FRIENDS OF BOONE COUNTY FAMILY RESOURCES

SPEAKER SERIES

"I really enjoyed the 'Transition Matters' speaker and all the suggestions and ideas he shared for helping me and my child plan for a bright future beyond high school." - A PARENT

HOLIDAY CELEBRATIONS

"I love the BCFR holiday party! My favorite part is dancing. And also seeing my friends. I look forward to the party every year. It's the best." - A PERSON SERVED BY BCFR



"Being a member of The Friends has helped me connect with other parents of children with special needs. It is nice to have a social support system as well as a way to give back."

WHAT IS A DEVELOPMENTAL DISABILITY?

A developmental disability is a physical or mental disability which happens while developing (before age 22) and results in major difficulties with two or more of the following: walking, talking, self-care, self-direction, living independently, getting and keeping a job, or learning. The disability is lifelong or of extended duration and requires individually planned and coordinated services and assistance.



ASSISTIVE TECHNOLOGY EXCHANGE PROGRAM

"I have used several different items from ATEP for my daughter with special needs. It gives us a chance to try out various pieces of equipment and items that we normally wouldn't be able to afford." - A PARENT

PEOPLE FIRST OF BOONE COUNTY

"The Friends helped pay for me to attend the Missouri People First state conference. It's a time I love because I get to see all my friends from other towns and we learn about what it takes to be a good self-advocate." - A PEOPLE FIRST MEMBER

JOIN THE FRIENDS!

MEMBERSHIP LEVELS

- FAMILY**
\$15.00 / year
- STUDENT**
\$7.50 / year
- PROFESSIONAL**
\$30.00 / year
- CORPORATE MEMBER**
\$100.00 / year
- LIFETIME MEMBER**
\$200.00 / one-time payment
- ADDITIONAL DONATION**
\$10 / \$25 / \$50 / Other _____

NAME

ADDRESS

EMAIL

PHONE

METHOD OF PAYMENT

_____ Check* \$ _____ Total
 _____ Cash _____ Date

**Payable to Friends of BCFR*

CONTACT US

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