



Enhancing Family Wellbeing, One Activity at a Time

Special Topics Report:

The Impacts of Our Military Kids on Children with Disabilities

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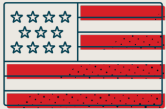
OUR MISSION

Our Military Kids funds activities for eligible military children.

OUR VISION

A country where every military child feels seen, supported, and empowered.

OUR VALUES



Trust

We earn and sustain the trust of military families, donors, and partners by delivering on our promises with integrity and accountability.



Empowerment

We empower children to pursue their passions and strengthen families during challenging times — while equipping our team to lead with confidence and creativity.



Compassion

We treat every family with dignity and understanding, offering personal support that goes beyond the activity award to meet real human needs.



Duty

We are driven by a shared duty to serve the children of those who serve, because supporting military families is a national responsibility.

WHO WE SERVE

Children of National Guard or Reserve service members who are experiencing an overseas deployment OR activation on a stateside, named mission AND Children of Veterans or military in any branch of service who are receiving care for combat-related injuries or illness.

Introduction & Background

Our Military Kids (OMK) is a national 501(c)(3) nonprofit that provides awards of up to \$300 for military children (ages 1-18) to participate in an extracurricular activity of their choice while they have a parent either deployed/activated with the National Guard or Reserve (Deployed Program) or in treatment for a post-9/11 combat-related injury or illness (Combat Injured Program). Children are eligible to receive five awards per program. Every year, OMK provides thousands of awards to military children totaling over one million dollars.

Through these awards, OMK seeks to reduce financial strain and improve youth, parent, and family outcomes. A defining element of OMK's data is that their annual evaluations are relatively consistent across all metrics, even through the COVID-19 pandemic^[1]. Families completing the annual evaluations consistently report that receipt of activity awards and their child(ren)'s subsequent participation contribute to a variety of positive child-level and family-level impacts across both the Deployed Program (DP) and Combat Injured Program (CIP), including morale, family wellbeing, academics, psychosocial outcomes, sense of community, and financial support^[1-8]. These positive impacts are facilitated through a variety of avenues, including connecting children to mentors, facilitating a sense of community with peers, giving children something to look forward to, keeping children's minds off the stressors at home, giving children space to "be a kid", teaching life skills and values, and helping children find new ways to connect with their service member or veteran parent.

Despite the consistency of the quantitative data, in 2021, an interesting theme emerged within the open-ended survey questions, with some parents sharing the impacts of OMK funded activities in relation to children with disabilities. This information was volunteered by a handful of parents, as neither the survey nor the OMK award application asked about children's disability status. In an effort to develop a deeper understanding of these trends, we added a simple question, "Do any of [your] children have a disability? Disabilities include physical, cognitive, and mental impairments" to the annual survey in the 2021-2022 cycle. All subsequent surveys have included this question, allowing the team to better understand the extent of this demographic. Additionally, the *2024-2025 Annual Participant Data Report* included a brief special topics section on OMK children with disabilities, which highlighted open-ended responses that specifically mentioned a disability^[7]. Parents specifically connected participation in OMK funded activities to improvements in their children's friendships, social skills, engagement, physical challenges (such as motor control, balance, and sensory movement), focus in school, self-confidence, and emotional wellbeing^[7].

The challenges military children face during both military induced separations and the recovery of a parent from an injury or illness are well studied, including negative psychosocial outcomes, behavior challenges, and academic challenges^[10-32]. These challenges can be amplified in children with disabilities^[33-36]. While children with disabilities are less likely than their peers to engage in extracurricular activities^[37-41], several studies have shown that participation in extracurricular activities can help children with disabilities improve social skills as well as improve mental health and academics, two key areas often negatively impacted by military experiences^[39, 42-50].

To date, no work with OMK families has focused specifically on the impacts of participation in OMK funded activities on recipients with disabilities. To better understand the impacts of participating in extracurricular activities for these children, we conducted a series of interviews with parents exploring these themes¹.

¹ This study was informed by several components of the many iterations of disability theory, namely: A separation from the medical model (disability as deficit) and a recognition that our constructed physical and social environments can be disabling for individuals with

Methods

As the goal of this project was to broadly explore the experiences of OMK recipient children with disabilities and connect those experiences to larger themes in the academic literature, interviews were well-suited as a research method. We recruited parents of children who had received an OMK activity award in the last 12 months who were identified to have a disability on either the 2025-2026 Annual or Pre/Post surveys². At the end of each survey, parents are asked if they are comfortable with staff following up with them about their answers, and only individuals who indicated they were comfortable with follow-up were included in the recruitment efforts. This resulted in a contact list of 103 DP families and 108 CIP families. Ultimately, eleven parents participated in this study. Six participants were the civilian parent/guardian of the children who received OMK awards, three were veterans, and two were National Guardsmen. These 11 parents represented 20 children with disabilities.

Each participant was interviewed³ once over Microsoft Teams (one parent was interviewed via email), with interviews lasting between 33 and 78 minutes (Average = 53.4 minutes). All interviews began with a review of the participant's family situation and the nature of their children's disabilities to help provide context for the discussion. The interviews then transitioned to a larger conversation about their children's participation in their OMK funded activity and the impacts that the participant perceives those activities as having. Each session was recorded and transcribed within Microsoft Teams, and at the conclusion of the interview all identifiers in the transcript were replaced with an appropriate pseudonym to protect families' confidentiality. Adapting the reporting practices used by Sands and colleagues in their 2023 paper, findings are reported using pseudonyms beginning with S for service members, V for veterans, P for non-military parents/caregivers, and C for their children^[54]. A summary of the participants and their children is presented in Appendix A

All interviews were coded using causal coding, which involves applying descriptive words or short phrases to passages of the transcript, and specifically linking them to establish cause and effect pathways^[55]. The codes were then organized into code groups, and the groups into five categories. Ultimately, these codes (n = 65) resulted in 299 connections across 147 unique pairs. Collapsing codes into their code groups (n=45) resulted in 289 connections across 109 unique pairs.

To better understand the interplay between the causally linked codes, they were arranged in a network map using Gephi. Network maps include two types of elements: 1) nodes, which are the individual elements being mapped (in this case the codes) and 2) edges, the relationships between the nodes (in this case those causal links^[56]). Each edge was weighted according to how many times the two codes were paired in a given direction within the transcripts.

differences^[51-52], that the disability experience is unique and not one-size fits all^[52-53], that the social model doesn't take into account the various desires or experiences of individuals and unique disabilities^[52], and a focus on the experiences of children with disabilities without making judgements about their quality of life^[51].

² Outside of the fields which were necessary for appropriate sampling and recruitment, participant survey data was at no point associated with the current study.

³ All interviews were conducted by Erica Hawvermale, OMK's survey coordinator, as part of her PhD classwork at Western Michigan University. The research was first approved as a class research project by the IRB (IRB-2026-52), and then later approved by the IRB for publication outside of a classroom setting (IRB-2026-189).

Analysis of the network included both visual and statistical components. Visual components included: recoloring the nodes based on the code categories, resizing the nodes based on their weighted degree (the cumulative number of times the node references or is referenced by another node), and recoloring of successors and predecessors of single nodes to better visualize causal pathways. Statistical components included running a community detection, which identifies clusters of nodes that are more closely connected to each other than the rest of the network. Together, these analyses provide a unique visualization of the data that is not possible from coding alone^[57].

Findings

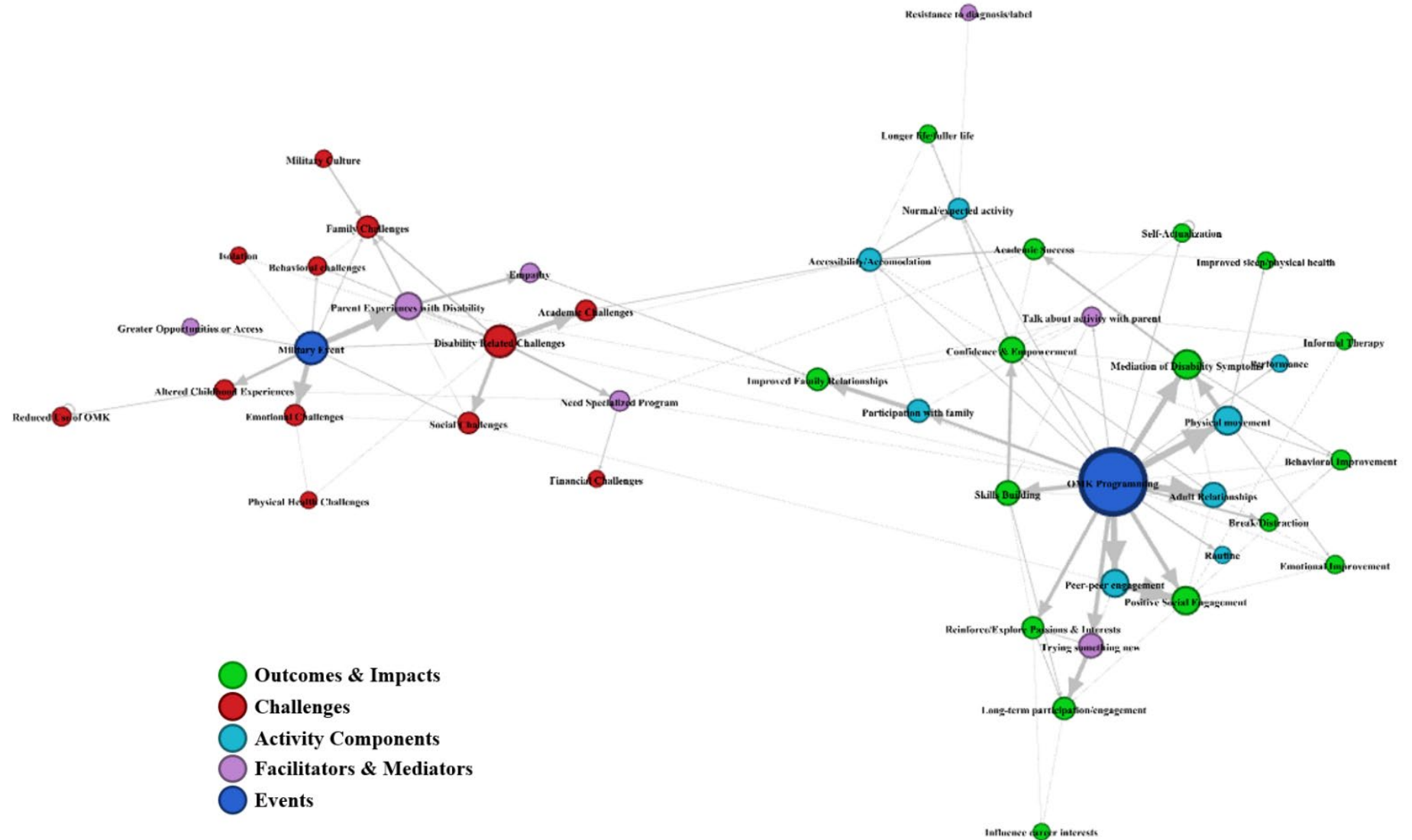
The final network model is presented below (Figure 1), with nodes color coded based on their category. The dark blue circles represent either the deployment/activation or injury/illness or OMK's programming. Red circles represent challenges families experienced, typically as a result of their military event. Light blue nodes are activity components, such as physical movement or performance. And green circles are positive outcomes and impacts. Scattered throughout this network are pink facilitators or mediators – elements that facilitate, mediate, or exacerbate other codes – and are present within both the challenges and impacts side of the network. OMK programming can either lead to positive outcomes/impacts directly or through activity components or facilitators.

The impacts of participation in OMK funded extracurricular activities on children with disabilities are extensive and highly interrelated. Participation in these activities both mediates disability symptoms and facilitates positive impacts on academics, physical health, emotions, behaviors, and social engagement. These outcomes can result directly from the activities themselves, or emerge from activity components, such as performance, physical movement, peer-peer engagement, participation with family, accessibility or accommodation, relationships with adults (non-parents), and maintaining a routine. Elements such as talking about their activity with their parent or trying a new activity can further facilitate these outcomes.

To best understand the impacts that OMK funded activities have on children, it's important to understand the context of their lives and the impacts that the military event has had. Namely, these include a variety of challenges across all areas of wellbeing. Notably, these outcomes are slightly different between the two programs. While both can lead to family challenges, adult tasks/caregiving, social challenges, and an increase in disability related symptoms, DP families noted the addition of emotional challenges, behavioral challenges, and isolation. CIP families, on the other hand, noted two positive outcomes of their injury/illness on their family. First, the injury/illness gave some greater access to programs and services, such as adaptive sports for the service member that their child with disabilities could also participate in, as was the case with Phoebe's husband, Vince, and their son Cody.

"Vince's access to military adaptations because they really wanted, you know, the military guys to get out there and keep going and all these things. We would not have known about those things for Cody if Vince had not been injured and because Vince was injured, we were welcomed into that world of, you know, veteran sports, rehabilitation and all of those things." – Phoebe, CIP

Figure 1. Full Code Network

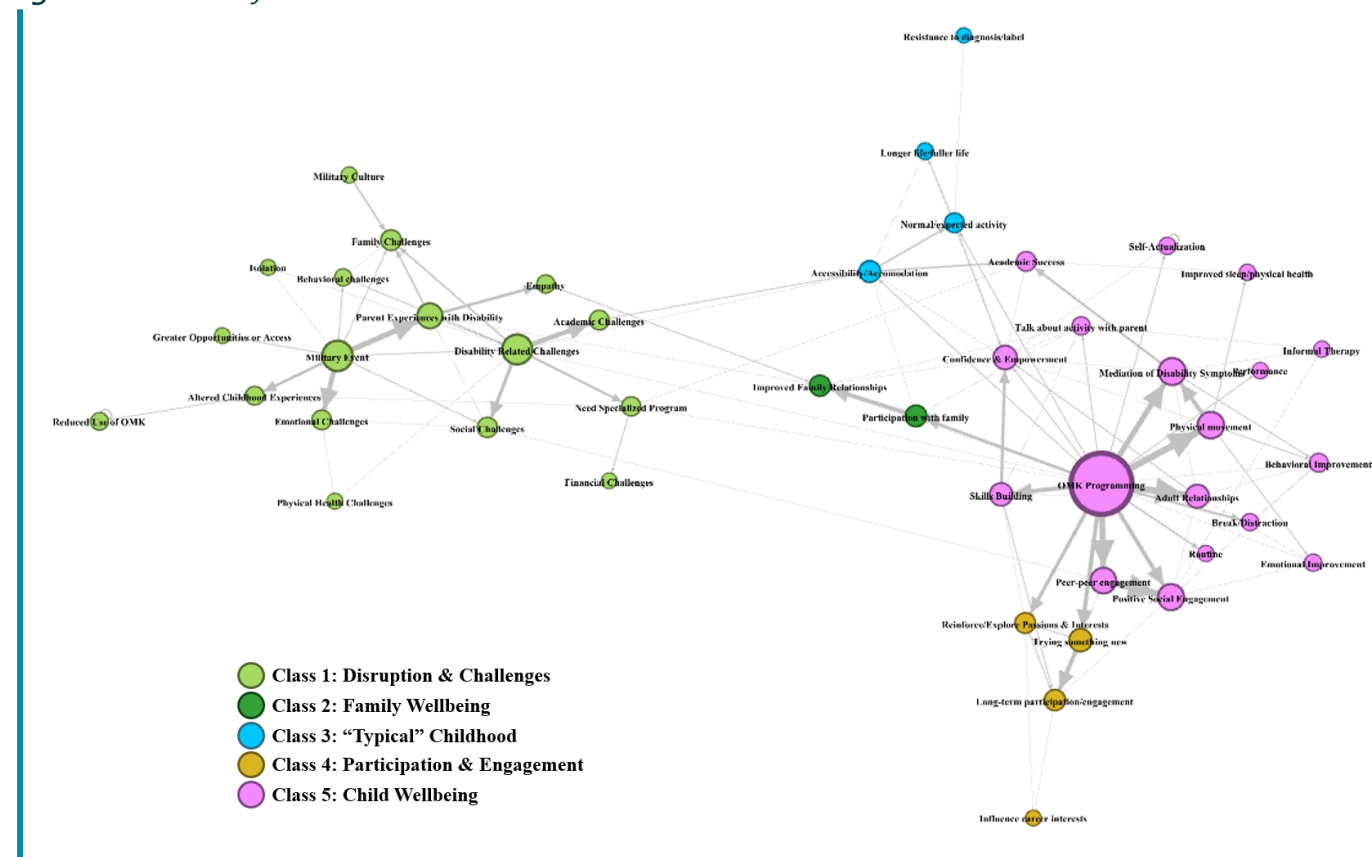


Second, parents noted that their experiences with injury or illness gave them better empathy for their child's experiences, leading to strong parent/child bonds.

"I think we're all different. And so to understand somebody has differences is one of the keys to being a great human because we're not all the same. So you can't treat every child the same. You can't treat every adult the same. And I always say, 'People don't look like what they've been through', so [my experiences with PTSD] does allow me to empathize with Corey and it allows me to be his protector, if you will, because sometimes, because Corey looks like a regular kid and things like this, people try to treat him as such. And not that I want him to get special treatment, but sometimes you just have to understand him." – Vanessa, CIP

Returning to the full network, network community detection assesses which codes are more related to each other than to the rest of the network; essentially, these are sub-groups. Running a community detection resulted in five modularity classes, seen below each in a different color (Figure 2). The first of these classes, "Disruption & Challenges," centers on those impacts of deployment/activation and injury/illness covered above.

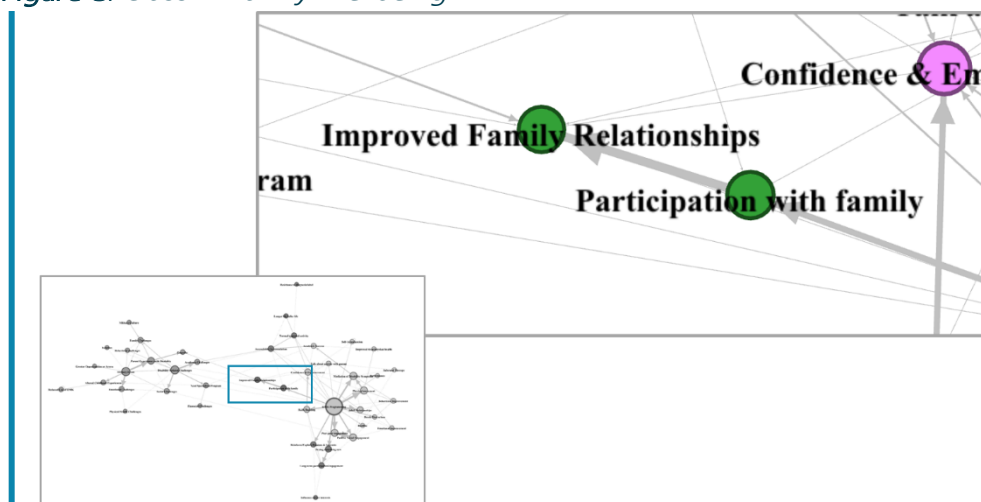
Figure 2. Modularity Classes



Class 2, "Family Wellbeing," highlights how these activities provide a pathway for children to engage with their family, which in turn improves family relationships (Figure 3). For some, like Scott and his family, this is because the whole family participates in their activity together:

"For the people that that that go to martial arts, it gives them something else to talk about and then [my wife and I] will practice with them like kind of like as a family activity, which Calvin thinks is so cool; like it's like from a movie." – Scott, DP

Figure 3. Class 2: Family Wellbeing



For other families, while the parents may not participate directly in the activity, the activity is something they can share with or show their service member during times of separation:

"Tumbling is a lot of like mind, body awareness and like accomplishing things. And so you can see like that positive input about like her accomplishments. And like that sense of pride when she does it. And then she'll be like, 'I saw you take a video, let me see the video.' And she's like, 'Oh yeah, share that with Sean.' And then [she] has something to brag about. You know what I mean? So it helps with the self-esteem." – Pagan, DP

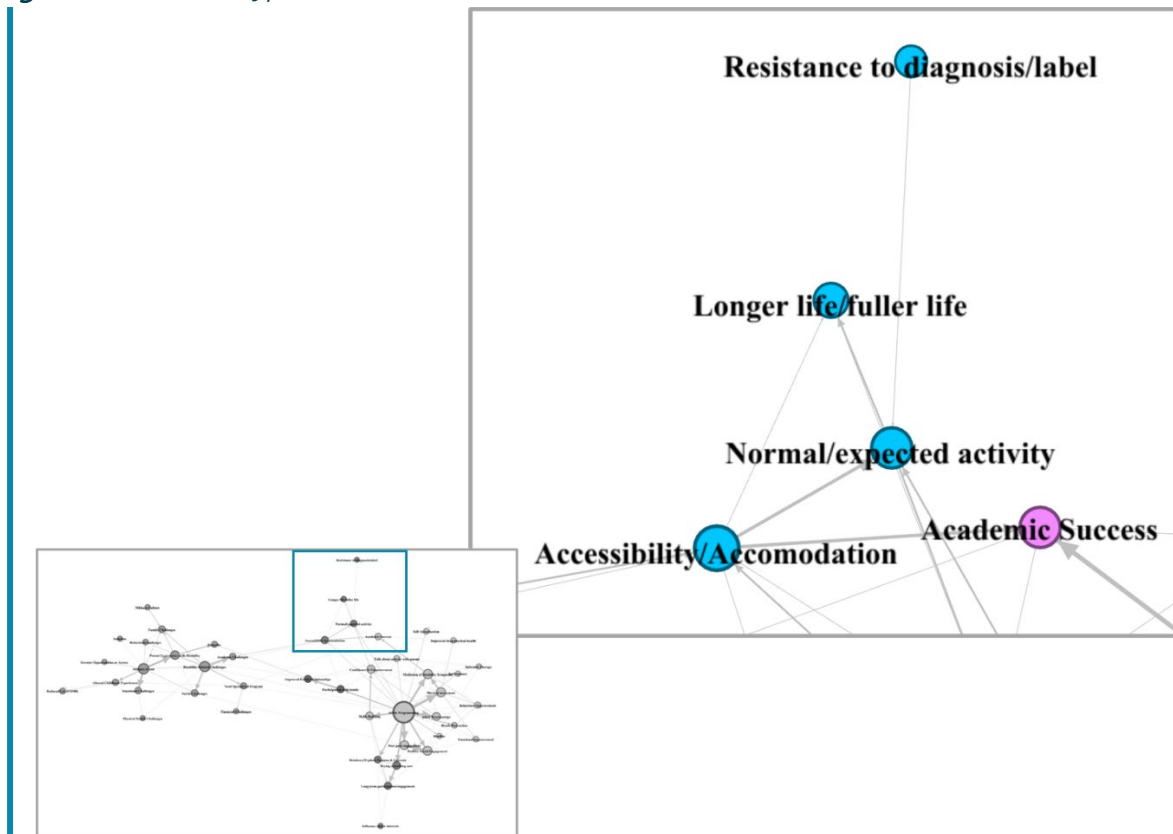
OMK funded activities can also provide children with skills or interests that facilitate participation in activities at home, as was the case for Cayden, who attends day-classes at the botanical garden:

"So he actually will try to help me out and when I go to the garden centers... It gives us a chance to do something together other than Legos. Because I love to help him with Legos. But like he recognizes, oh, other people have interest outside of Legos. You know, for mom, it's having a garden and working in there. So, you know, he can kind of do that too and connect... Because before nature camp he was like, no, thank you... But then with nature camp and all the stuff that he learned, he's now actually more engaging with me and would actually try to help me and be more involved." – Patricia, CIP

In this case, the day classes sparked an interest in gardening with his mom. Here, she notes that while Cayden wasn't interested in gardening before his classes, what he learned through the botanical day camps made him more interested in helping her, providing them with something to do together that wasn't "Legos".

The third modularity class, “Typical” Childhood,” illustrates an interplay between resistance to a diagnosis or label, and how accessibility or accommodation can contribute to children’s ability to engage in activities that are expected or “typical” for their age, gender, or culture (Figure 4).

Figure 4. Class 3: “Typical” Childhood



Parents perceived children’s ability to engage in these activities as leading to their ability to live a longer or fuller life:

“I will say that with adaptive sports, Cody’s very forceful about being the Big Brother. He wants to make sure the 13 year old knows he’s the big brother, the 15 year knows he’s the big brother. And so when he is doing adaptive sports, you know, look at me, try it my way and I’m strong and they go, OK, bro, you know, and kind of react with him. So it gives him a station in the home... And so for Cody, he feels all of that, like they’re proud of him and he feels that they’re proud of him. And that really builds his self-esteem too... And then, you know, for him, I think anything that builds self-confidence keeps him alive longer.” -Phoebe, CIP

Here, Phoebe highlights that being able to do adaptive sports gives Cody a “station in the home” as the “big brother” which makes his siblings proud of him, which in turn builds his self-esteem. For Cody, living a longer or fuller life is literal, as his disability is terminal. Phoebe went on to describe how learning to drive – a keystone activity for many teens – further impacted his mental health:

“Well, socially [learning to drive] makes him less awkward. As a 19-year-old you should be learning to drive or already driving. It really built up his self-esteem [...] And for him, it was kind of the pinnacle of

"I'm able" and Our Military Kids helped fund that. That ability to go beyond what society would label Cody with." – Phoebe, CIP

Similarly to going "beyond what society would label" him with, Victor saw the OMK funded activity as a way for his son to expand his interests, providing him with the knowledge and skills necessary to engage in society in a more typical or expected way. He felt this would help his son be more successful as an adult, by giving him exposure to topics outside of his own niche interests (in this case, Marvel) that would allow him to engage with peers in a more typical manner, ultimately leading to a fuller life:

"I figured the more diversity I bring into his life as far as experiencing, I'm bound to find more things other than just Marvel that he's going to be interested in... Ultimately my goal is just to get him more equipped. I hate to use - typical is the word they use - but I think the more experience you have, the more typical you are... The exposure into different things gives them the ability to relate to it when it comes up into a conversation. So he's not like, when people are talking about apples, he's throwing in conversation about bananas." – Victor, CIP

This was reportedly important to his son too, who didn't want to only be seen as autistic; like Cody, he wanted to be recognized beyond a label. Victor's perspective was similar to how Patricia described Cayden's OMK funded activity as providing him with the skills and knowledge necessary to engage with others on topics or activities outside of his niche interests.

While Patricia and Victor appreciated that the OMK funded activities helped their children engage with activities outside their typical interests, modularity Class 4, "Participation & Engagement," centers on a code cluster highlighting the role that OMK plays in allowing children to explore their passions interests, either through a new activity or through one that they had participated in prior to the funding (Figure 5).

In some cases, the ability to explore or reinforce passions and interests can lead to long-term participation in their chosen activity, as Pamela describes for her daughter Christine:

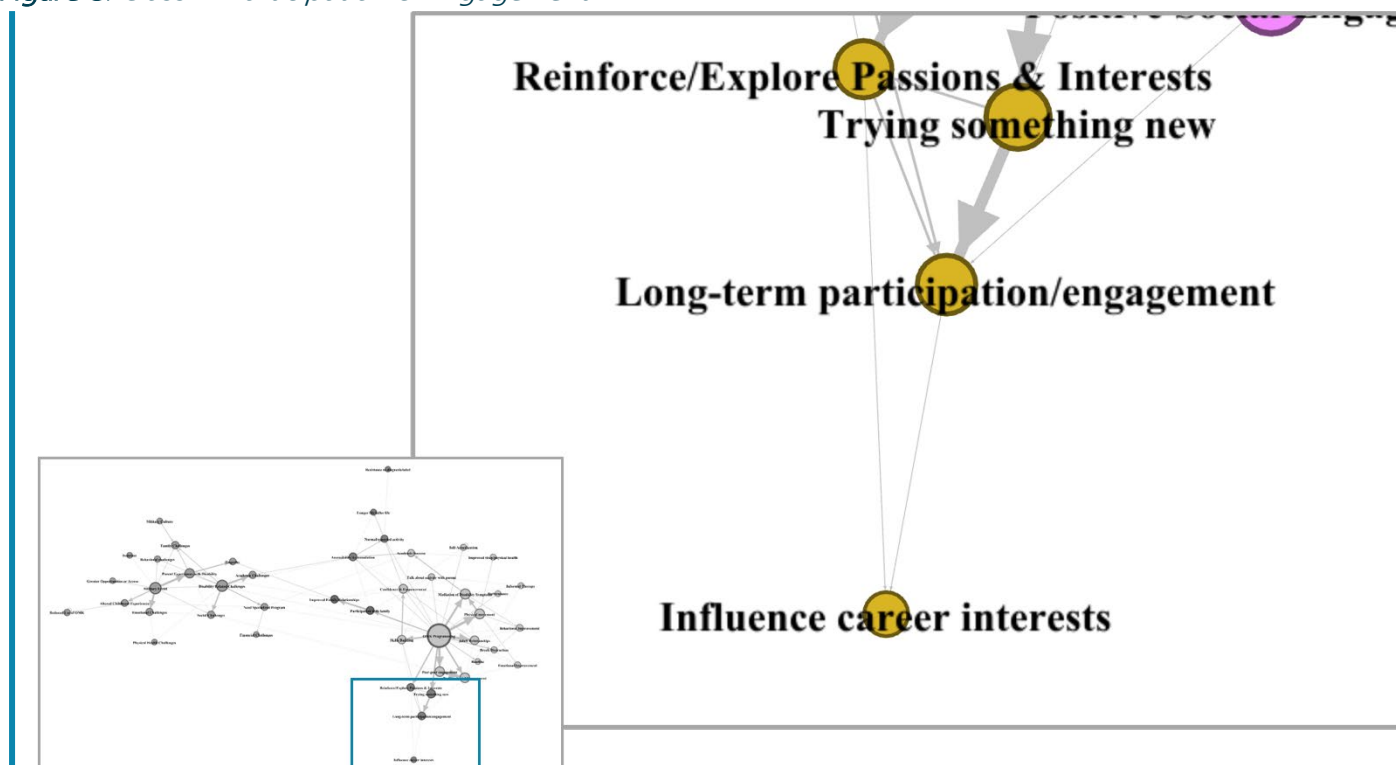
"OMK did something in that they set her on this path without even realizing it. OK, we're gonna give you a grant for swim lessons and then we're gonna give you a grant for swim team. And then you're going to take this and you're going to become a lifeguard and then a swim instructor and then a manager. And you're going to help put yourself through college using things that you learned from something you experienced thanks to this grant. Like talk about making a life change and a life difference." – Pamela, CIP

Although Pamela's quote illustrates how increasing involvement within an activity can open job opportunities past high school (and past OMK eligibility) the ability to explore interests through activities that support skills building can also influence career interests more broadly. Samuel recalled the instance where his son realized his interests could become a career after he participated in several video editing camps:

"But with [Cole], it's been easy to really nurture his interests where the initially he only wanted to be a streamer and thought that could be a viable career. As soon as he got his setup and got some software and could do the editing piece, he really took to the technical part and like after the first weekend he had his stuff, he's like, "Can I make money editing videos?" And we're like, absolutely,

that is a viable career versus just making content and trying to be monetized. So that paid dividends.”
– Samuel, DP

Figure 5. Class 4: Participation & Engagement



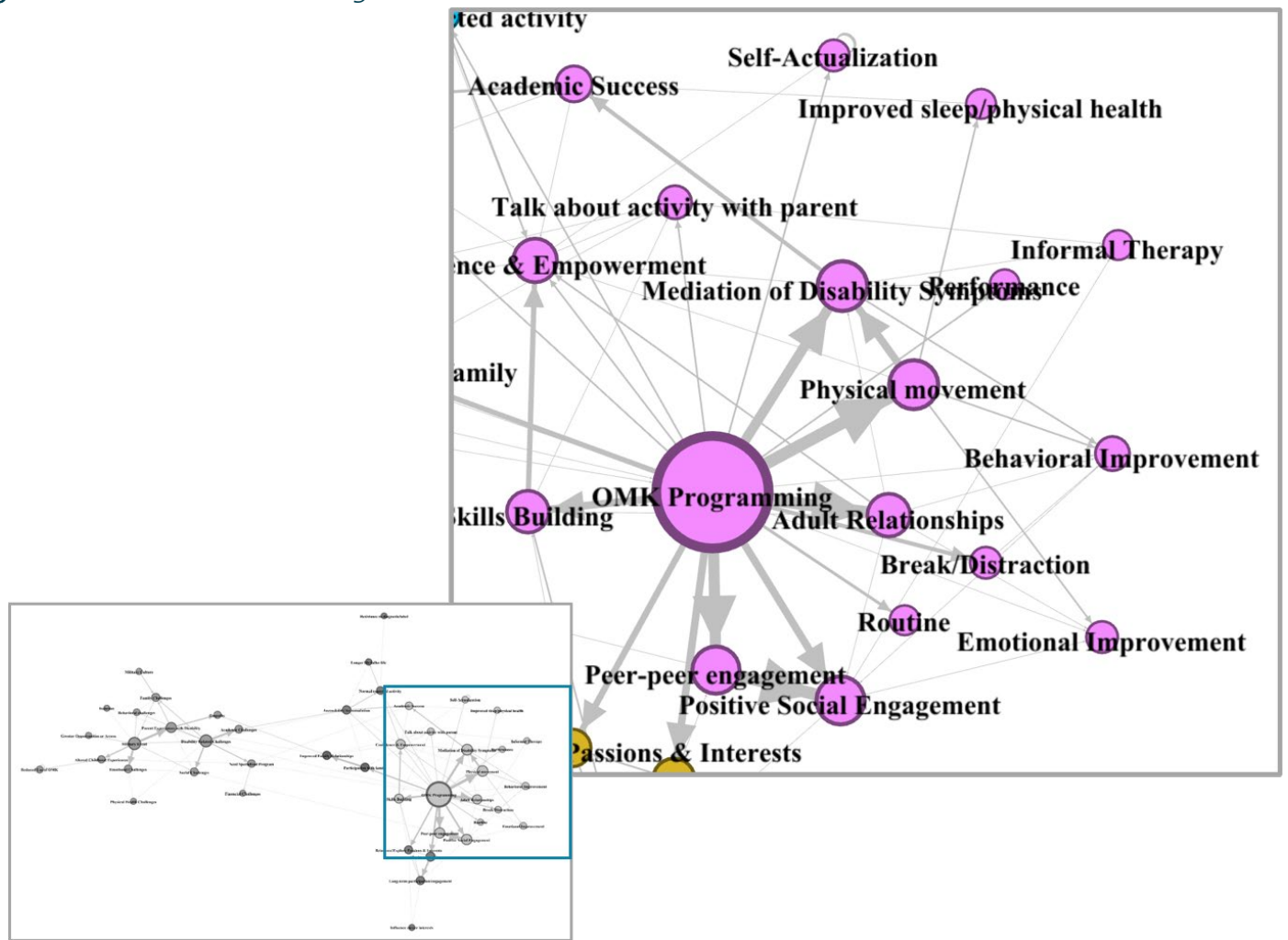
Here, when his parents helped him get the necessary equipment at home, Cole realized he could become a video editor professionally, rather than monetizing game streaming. The OMK award allowed him to explore a passion that he continues to engage in outside of the OMK funded activity.

The fifth and final modularity class, “Child Wellbeing,” encompasses all other outcomes, facilitators/mediators, and activity components, including the outcomes most closely associated with overall child wellbeing: improved physical health, behavioral improvements, academic success, emotional improvement, positive social engagement, and confidence and empowerment (Figure 6).

This system of codes is highly interrelated. For example, physical movement is relatively centrally located within the network and impacts physical health, emotions, behaviors, confidence/empowerment, and helping to mediate disability symptoms, which in turn leads to improved academic success. The biggest thing here is that the impacts are multi-faceted and cascade. Like Poppy describes for her son Calum:

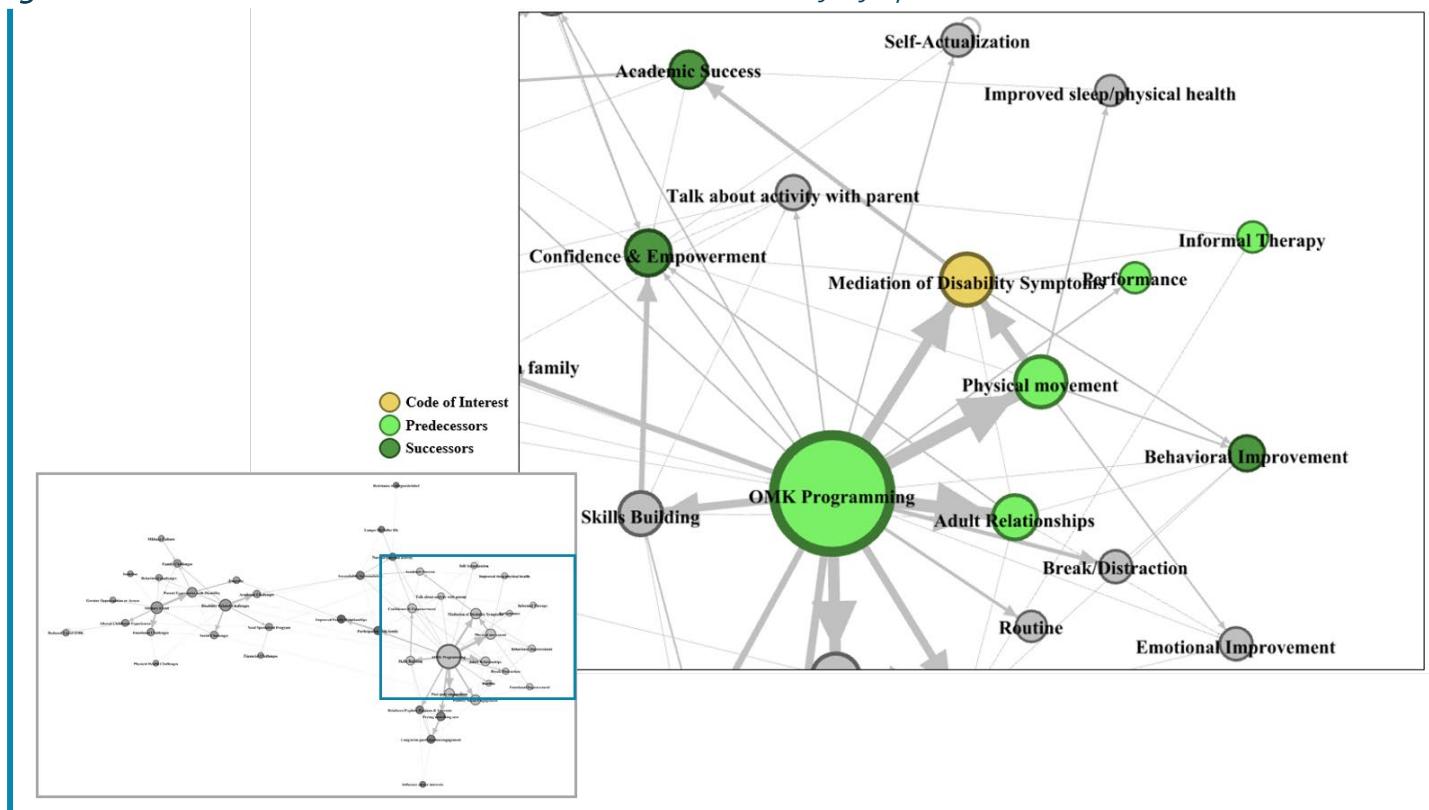
“I think [Jui-jitsu] helps him to get his energy and emotions out. He can channel it into something healthy rather than bury it or release it through meltdowns. Jiu-jitsu is hands-on, high contact/impact, high-energy, which helps with his sensory seeking symptoms and his ADHD. It also helps him with his physical development...The different drills and moves he practices in jiu-jitsu help develop his motor skills. His behavior in general seems to improve after he has jiu-jitsu and he seems calmer and less fidgety.” – Poppy, DP

Figure 6. Class 5: Child Wellbeing



For Calum, Jui-jitsu helps him channel his energy and emotions into something healthier than meltdowns. This also helps his sensory seeking symptoms and ADHD, as well as the development of motor skills. The activity ultimately helps his overall wellbeing by helping him be calmer and less fidgety. That mediation of disability related symptoms is a core impact of participation in these activities. Physical movement, adult relationships, performance, and informal therapy activities all positively impact the mediation of disability symptoms, presented in Figure 7 in light green. In turn, the mediation of disability symptoms leads to confidence and empowerment as well as behavioral improvement and academic success (dark green). This indicates that impacts to one area of a child's wellbeing can have cascading impacts to other areas.

Figure 7. Predecessors and Successors to Mediation of Disability Symptoms



Ultimately, participation in OMK funded activities has positive impacts on both children and families. Specifically for children with disabilities, participation in these activities can mediate disability related symptoms such as difficulty focusing, sensory seeking behaviors, social aversion, challenges with expression, motor skill challenges, and their ability to follow directions. This mediation of disability related symptoms is incredibly important, as parent deployment/activation or injury/illness can directly and indirectly contribute to increased disability related challenges. Beyond alleviation of disability related symptoms, participation in OMK funded activities has the capacity to impact nearly all areas of overall child wellbeing.

Considerations and Implications

The mediation of disability symptoms, as well as the positive impacts to child wellbeing, through the myriad of interconnected processes as discussed earlier, are supported by research that explores the positive impacts of participation in extracurricular activities for children with disabilities^[53, 58-65]. Much of the research to date, however, has focused on sports as the extracurricular activity; other activities, such as art or music, are largely discussed as therapy techniques. Although none of the parents in this sample used their OMK activity awards for formal therapy, parents noted how their selected activities supplemented formal therapies:

"Learning, you know, it reinforces like the social cues, you know, stuff that we teach him. So he's learning in real time, which is good versus me just verbally telling him or like his therapist telling him. He could actually utilize it and learn from other kids." -Patricia, CIP

"So we had actually put him in a little traditional martial arts class [...] as kind of an adjunct to his physical therapy, cause he was like 6 years old and he couldn't jump. It's not that he didn't have the muscles for it, it's just he couldn't mentally do it right. He wanted to do it. He just, he couldn't do it. So

physical therapy was helping. But you know, getting his engagement where if he doesn't want to do something, he's not going to do it. So we put him in that and some of his friends from school were in there, so. That got a lot of engagement and I saw more physical development from that class than I did from his physical therapy.” -Scott, DP

This is supported by findings from the special topics section of the *2024-2025 Annual Participant Data Report*, which found that many OMK parents use their OMK funding for activities that support their child’s formal therapy, or for formal therapies themselves (such as equine therapy or speech therapy)^[7]. Although the Affordable Care Act requires insurance companies to provide coverage for children’s therapy (including occupational, physical, and speech therapy) there are still large variations in what is covered and by how much. National Guard and Reserve families have raised concerns in the past specifically about military insurance costs and coverage^[66], and the interaction of veteran insurance coverage with therapies for children is unclear. Considering that OMK funding can be used to cover therapies and, even when not used for therapy, parents noted tangible improvements to key areas of their children’s wellbeing, **OMK is potentially positioned to provide crucial support for children with disabilities by facilitating better access to activities that directly improve physical, social, and emotional health. Articulating to families both these benefits and the therapy-based activities that OMK activity awards can be used for may help more households see how OMK can support their unique circumstances.**

In addition to the role of OMK in supporting and/or supplementing therapy-based activities, this project uncovered a key consideration regarding eligibility requirements for children with disabilities. Phoebe highlighted that finding activities appropriate for children with disabilities can be very challenging, particularly in more remote areas, which may delay children’s ability to enroll in activities past their eligibility for funding.

“For those with disabilities, it’s a very, very isolating life. And the grants would be amazing if there was access to activities. So there are a ton of desperate moms. We’re on the Internet. We’re researching, searching, searching, OK. I finally found this. It’s an hour and a half away. They’re full for another two years because everybody wants in the program and OK, I found it, but it’s now way too late to get the funding. So um, that kind of I can see happening frequently.” – Phoebe, CIP

New accessible activities and programs are emerging each year, but this doesn’t help military dependents with disabilities who are close to or past program eligibility (18 years of age). Due to the nature of disabilities, many of these children may remain with their parents into adulthood, which means they are still living within the same deployment/activation or combat injury/illness context past the eligibility age:

“I feel that with a disabled child. Things do come a little slower. A lot of times services are just now coming into the space, right? So then you take even further, more difficult disabilities, and that takes it even longer. For services to kind of get a kid to where, you know, if maybe they’re 21, but they’re only at a 15 year old level. So I do think with a disabled child that has cognitive delays, it takes a little longer. With physical delays it takes a little longer. And we’re just now, as a world starting to adaptive sports is new, right? It’s a newer thing. You have Special Olympics and you have a couple other things that have been around a little longer. But the world is just now opening up to children with disabilities is this is new. And I think the grants may be going on into up or up to 23? Um. Would be beneficial because. The world’s just now catching up to helping create spaces for kids like Cody.” – Phoebe, CIP

There may be space for OMK, and other programs serving a similar demographic, to extend eligibility requirements to children who did not have access to appropriate/accessible programming and/or those children who are still under their parents' care into adulthood. For OMK specifically, raising family's awareness of their ability to use the activity awards for formal therapy activities *may* broaden their options, particularly in areas where formal therapies exist but accessible extracurricular activities do not. Regardless, there is clear room for developing a greater understanding of the barriers families face when selecting activities for their children.

More broadly, Phoebe also noted that living with a parent with an injury/illness can further delay even typically abled children's ability to participate in activities, especially when the family must prioritize the injured/ill parent's recovery. While OMK removes financial barriers in these situations, families may still struggle with scheduling:

"A non-disabled child's own life has oftentimes been put on hold until they can drive, right? So now they're 16/17 and finally able to go, 'I have a grant. I can go do something I've always wanted to.' [...] And they age out too. Because right at the cusp of them being able - not going to the doctor's all the time, not 'dad's too tired to go', not 'I've got to go to the prosthetic office again, I got to go pick up my meds, got to go to the VA.' Not that, right? But when they finally have access to the independence. To be a kid, finally, then they age out." – Phoebe, CIP

The military context is unique, and these are not corner cases. There is a large swath of research demonstrating the now well-known set of military-related challenges for parents and children alike. **Future work could further explore how the military context may impact program eligibility in ways the military non-profit space more broadly hasn't considered. A better understanding of these barriers would better allow military-serving organizations to remove obstacles by making small adjustments, such as alterations to or flexibility in eligibility requirements, to better serve their beneficiaries.**

Overall, this research highlights how OMK is positioned to provide crucial support for children with disabilities by facilitating better access to activities that directly improve physical, social, and emotional health. Importantly, family's ability to choose their own activity allows families to pick activities best suited to their child's disability needs. Although there is room to further address accessibility concerns, this flexibility allows OMK to support families in the areas they determine they need it most, be that formal therapy, informal therapy, interactions with peers, skills building, etc. Receiving the positive outcomes of OMK funded activities is crucial, as parents' deployment/activation or injury/illness is demonstrated through this work to result in a wide range of challenges for both children and families, including the worsening of disability related symptoms. OMK funded activities can positively impact many of the same areas deployment/activation or injury/illness disrupt, namely: behaviors, emotions, family relationships, social engagement, academics, and disability symptoms. Ultimately, OMK funded activities provide crucial support for military children with disabilities during times of transition or uncertainty.

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Appendix A

Name	Related Military Branch	Program	Child(ren) with Disability	Age(s) and Disability	OMK Activity(ies)
Pamela	Marine Corps	CIP	Christine	18 - ND	Swim lessons, Swim team
			Charlotte	18 - DD	Swim lessons
			Christopher	15 - ND	Swim lessons, Marching Band
			Charles	11 - ND	Swim lessons, Camp
			Chloe	10 - ND	Swim lessons, Camp
			Connor	9 - ND	Swim lessons, Camp
Victor	Not Disclosed	CIP	Caleb	13 - ND	Fitness class, Camp, Golf
Vincent	Army	CIP	Cameron	4 - ND	Swim lessons (private)
Phoebe	Navy	CIP	Cody	19 - NS, ND	Adaptive driving lessons
Poppy	Air Force National Guard	DP	Calum	6 - ND	Jui-jitsu
Samuel	Army National Guard	DP	Cole	12 - LD, ND	Dance, Camp
			Clara	7 - LD, ND(S)	Dance, Camp
Patricia	Army	CIP	Cayden	10 - ND	Nature Classes
Scott	Army National Guard	DP	Claudia	8 - ND(S)	Martial arts, Swim lessons
			Calvin	7 - ND(S), LD	Marial arts, Swim lessons
Pagan	Army Reserves	DP	Courtney	11 - ND	Ninja Warrior, Tumbling
			Carter	9 - ND	Code ninja classes
Vanessa	Marine Corps	CIP	Corey	11 - ND	Tutoring, Piano lessons
Paige	Air Force National Guard	DP	Caitlyn	7 - MS, ND	Gymnastics
			Cooper	5 - ND(S)	Tiny Tots Sports

ND = Neurodevelopmental Disorder, LD = Learning Disability, MS = Musculoskeletal Disability, NS = Nervous System Disorder, DD = Developmental Delay, (S) = Suspected, not diagnosed



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