**Strengthening Families Program**

 The Strengthening Families Program is a 14- session program for Anne Arundel County parents and their children ages 6-17. It is sponsored by the Anne Arundel County Department of Health Prevention Services and will be held at various locations in Anne Arundel County.

 The program provides training in parenting; children’s social and life skills; and family relationship skills. Strengthening Families offers structured family activities, family meetings, games and activity planning. The program helps to improve family communications, provide effective discipline, set constructive limitations, improve behavior and develops an understanding of the negative impact of substance abuse on family relationships.

 The program meets once a week for 14 weeks and provides family meals at every session. We assist families with transportation and childcare so that they can take part in this program**.** The next cycle starts at:

**Walter S. Mills-Parole Elementary School**

**Address:** 1 George and Marion Phelps Ln, Annapolis, MD 21401

**Day and Time:** Wednesdays, from 5:30pm – 8pm

**Dates:** February 19, 2020 to May 20, 2020

 Gift cards are given as incentives every **four** weeks for family attendance.

 If you would be interested in participating or finding out more about this **free program,** please fill out the information below and one of our staff will contact you.

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I am interested in talking to someone about the Strengthening Families Program. I give permission for someone to contact me via phone, text or email regarding this program

Please **contact Loise Taliaferro @ (410) 222-6724 or @ hdtali00@aacounty.org**

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**STRENGTHENING FAMILIES PROGRAM (SFP)**

**APPLICATION**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse or significant other who will be attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

1. Please list the names and ages of all of your children that are between the ages of 0 and 17 years old that would be attending.

 / /

1. Name D.O.B. Age

**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

 / /

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**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

 / /

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**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

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**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

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**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

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1. Name D.O.B. Age

**Gender:** ( ) FEMALE ( ) MALE

**Race:** ( ) American Indian or Alaska Native ( ) Asian ( ) Black or African American

 ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Other

**Ethnicity**: ( ) Hispanic or Latino ( ) Non-Hispanic or Latino

Do you need transportation? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If you answered YES to the question above, do you need car seats and/or booster seats for your children? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**Please fax to Loise Taliaferro at 410-222-6748 or email hdtali00@aacounty.org or mail to:**

**Anne Arundel County Department of Health**

**STEPS (System Training, Education and Prevention Services)**

**Behavioral Health Building**

**122 Langley Road N. Glen Burnie, MD 21060**

**410-222-1844**