**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, via Video Conference (ZOOM). We provide a family meal delivered to your home, on the day of each session. We also offer gift cards for attendance, the curriculum books and other supplies. The next cycle:

**Annapolis Families, with preference given to students/families of**

**Georgetown East Elementary School**

**Location (virtual): via Video Conference (ZOOM)**

**Day and Time:** Wednesdays, from 6:00PM-7:30PM

**Dates:** September 16, 2020 to December 16, 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. **Important: completing and submitting this application does not guarantee your space in the program. If selected, you will be contacted by Loise Taliaferro, Strengthening Families Program Supervisor. Space is limited due to funding. Thank you!**

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I am interested in talking to someone about the Strengthening Families Program. I give permission for them to contract me regarding this program.

Please **contact Loise Taliaferro @ (410) 507-5147 or @ hdtali00@aacounty.org**

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

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

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

Best Time to Call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

/ /

1. Name D.O.B. Age

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

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

**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

/ /

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**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

/ /

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**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

/ /

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**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

/ /

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**School 2020-2021**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

Contact Loise Taliaferro at 410-507-5147 or email hdtali00@aacounty.org or mail to:

**Anne Arundel County Department of Health**

**Prevention and Education Services**

**Behavioral Health Building**

**122 Langley Road N.**

**Glen Burnie, MD 21060**