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:

**Anne Arundel County Families, with preference given to**

**students/families of Annapolis Area**

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

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

**Dates: February 24, 2021 to May 26, 2021**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

1. Name D.O.B. Age

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

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

/ /

1. Name D.O.B. Age

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

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