Strengthening Families Program

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 communication, provide effective discipline, set constructive limitations, improve behavior and develop 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. See below information on our upcoming cycle:

**For Anne Arundel County Families, with preference given to students/families of**

**North County**

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

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

**Dates: starts on March 1, 2022 ending on May 31, 2021**

Gift cards: given as incentives every **five** 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**STRENGTHENING FAMILIES PROGRAM (SFP)**

**APPLICATION**

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

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

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner or other adult who will be attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 2021-2022:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

/ /

1. Name D.O.B. Age

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 2021-2022:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

/ /

1. Name D.O.B. Age

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 2021-2022:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

/ /

1. Name D.O.B. Age

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 2021-2022:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

/ /

1. Name D.O.B. Age

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

School 2021-2022:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

**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**