



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 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 grocery store gift cards. We also offer gift cards for attendance, the curriculum books and other supplies. See below information on our upcoming cycle:

Annapolis and Anne Arundel County Families, with preference given to students of Georgetown East Elementary School

Location (virtual): via Video Conference (ZOOM)

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

Dates: starts on September 14, 2022, ending on December 14, 2022

Gift cards: given as incentives every **five** weeks for family attendance (1 per family).

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 Andreina Fonseca, Strengthening Families Program Supervisor. Space is limited due to funding. Thank you!**

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

Please **contact Andreina Fonseca (410) 507-5147 or hdfons22@aacounty.org**

Printed Name _____

Phone _____ Cell _____

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

Age: _____

Phone: Home _____ Cell _____

Spouse or significant other 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

Age: _____

Please list the names and ages of all of your children that are between the ages of 6 and 17 years old that would be attending.

1) Name _____ 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 2022-2023: _____ Grade: _____

2) Name _____ 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 2022-2023: _____ Grade: _____



3) Name _____ 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 2022-2023: _____ Grade: _____

4) Name _____ 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 2022-2023: _____ Grade: _____

5) Name _____ 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 2022-2023: _____ Grade: _____

Contact Andreina Fonseca at 410-507-5147 or email hdfons22@acounty.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**