



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. We provide a family meal at the site, 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,

Location (virtual): via Video Conference (ZOOM)

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

Dates: starts March 7, 2023, ending on June 6, 2023

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 someone to contact me via phone, text or email regarding this program. Please contact Andreina Fonseca (410) 222-6724/(240) 791-0682 or hdfons22@aacounty.org

Printed Name: _____

Cellphone: _____ Email address: _____

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 _____

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

Age: _____

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 _____ 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 2023-2024: _____ 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 2023-2024: _____ 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 2023-2024: _____ 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 2023-2024: _____ 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 2023-2024: _____ Grade: _____

**Please contact Andreina Fonseca at 410-222-6748/(240) 791-0682 or email
hdfons22@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**