



## Introducing Safe Families for Children (Family Friend) Letter & Application for Parent/Guardian

Dear Parent,

We are here to help you through this difficult time. Safe Families for Children (Safe Families) links families in need with a wrap around service of local volunteers who can offer them help and support. We coordinate with churches across the city to find people who are interested in volunteering their time and skills to help families in crisis, so that families can stay together! We call these volunteers Family Friends.

Safe Families Family Friends are people who willingly and without pay offer their assistance to a parent who is facing challenges and needs support. A Family Friend can help parents/guardians to increase the stability of their lives, their home environment and their parenting, in order to improve the wellbeing of their children. They are volunteers who befriend, mentor and support parents through their crisis, helping them get back on their feet and making the home stable for them and their children. The Family Friend role is very flexible and the volunteer is able to offer support according to their skills, interests and availability. They can offer:

- Moral support and encouragement to parents/guardians in difficulty.
- Parenting support and development of parenting strengths for struggling parents/guardians.
- Practical help, such as babysitting or providing transport for the parents/guardians in difficulty.
- Sharing helpful information about parenting or supporting parents/guardians in accessing services that they need.
- Advocating with/for families if they need help voicing their concerns or needs to other agencies.

Our families live throughout New York City and they have all been screened and approved. Every Family Friend is supervised by a Family Coach. The Family Coach coordinates the team, making sure that the parent, child, and Family Friend(s) all have the resources they need to thrive. Parents who have received assistance through Safe Families have had struggles such as: homelessness, being overwhelmed, depression, health problems, drug and/or alcohol addictions, unemployment, domestic violence, and short-term incarceration.

In order to get started, we need you to fill out a few forms. These give our staff some information about you and your children that may be very important for them to know. We only share information with our volunteers that is pertinent to the relationship. Once a Family Friend is found, we will make arrangements to have you and the volunteer connect, either in person or over the phone. We would like for you to meet them, if that can be arranged.

### **Other things you should know about Safe Families for Children:**

- Getting involved in Safe Families for Children is entirely voluntary. So if you wish to cease our support at any time, you can do so.
- You can contact the Safe Families for Children team with any questions or information. You can contact us @ 917-589-0314 or P.O. Box 380439 Brooklyn, NY 11238.

We hope you will consider Safe Families for Children. SFFC Family Friends will do what they can to help you get where you want to be. Call us anytime.

Sincerely,



PO Box 380439 Brooklyn, NY 11238  
917-589-0314

### Safe Families for Children: Parent Information

Name (parent/guardian)	DOB:	Date:
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**Child/Children**

Name:	DOB:	Sex:	Grade:
Name:	DOB:	Sex:	Grade:
Name:	DOB:	Sex:	Grade:
Name:	DOB:	Sex:	Grade:

**Parent/Legal Guardian Contact Info**

<b>Mother:</b>	Home Phone:	Cell Phone:
Address:	City/State	Zip
Email Address:	Occupation:	Work Phone:
<b>Father:</b>	Home Phone:	Cell Phone:
Address:	City/State	Zip
Email Address:	Occupation:	Work Phone:

Parent's marital status:

married    separated    divorced    unmarried    other    both parents maintain custody

<b>Legal guardian(s) if not parent</b>	Home Phone:	Cell Phone:
Address	City/State	Zip

In case of emergency, who should be notified first?    Mother    Father    Other

**Medical** (Child's physician, or if applicable, Certified Christian Science Practitioner)

Name:	Address:	Phone:
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Significant illness/concern:



**Authorized Individuals for Drop-Off and Pick-Up of Child**

These following individuals (other than parents or guardian) are willing to accept responsibility for the child and should be contacted if the parents cannot be reached. This also includes overnight care if necessary.

Name:	Home Phone:	Cell Phone:
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Address:

*What is the reason for seeking a Family Friend through Safe Families for Children?*

*What is hard about parenting right now?*

*What are your goals to attain to be able to maintain a healthy, stable home environment?*

*What do you hope will be different for you and your family as you begin a relationship with a SFFC Family Friend?*

*Have you ever been involved with ACS? Yes No Please explain:*

*Have you ever been in drug or alcohol treatment? Yes No Please explain:*

*Have you ever been in need of domestic violence services? Yes No Please explain:*

*Have you ever been charged with a crime? Yes No If yes, were you convicted? Yes No Please describe the circumstances:*

*Have you ever been incarcerated? Yes No Please explain:*

*What are the current services you are receiving?*

*Do you have any health concerns that need attention?*

*Are you currently on medication?*

**Mother's Background**

<i>Who is in your family?</i>	<i>Your parent's current status (retired, deceased, etc.)</i>
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<i>Your parenting style/discipline/rules</i>	<i>Your educational experience:</i>
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*Your current/past medical history*

*What makes your family strong (Your strengths/special skills)?*

*Your weaknesses/problems*



## Father's Background

<i>Who is in the father's family?</i>	<i>Father's parent's current status (retired, deceased, etc.)</i>
<i>Father's parenting style/discipline/rules</i>	<i>Educational experience:</i>
<i>Father's current/past medical history</i>	
<i>Father's strengths/special skills</i>	
<i>Father's weaknesses/problems</i>	

## Resources

*Are there any extended family members living in the area?*

*Do you have other close friends or neighbors?*

## I have had these experiences:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Rape                     | <input type="checkbox"/> Sexual abuse       | <input type="checkbox"/> Physical abuse  | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Homelessness             | <input type="checkbox"/> Suicidal thoughts  | <input type="checkbox"/> Victim of crime | <input type="checkbox"/> Used drugs        |
| <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Abuse alcohol   |  |

## I struggle with these emotions:

- |                                    |                                       |                                       |                                      |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sadness   | <input type="checkbox"/> Loneliness   | <input type="checkbox"/> Depression   | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Fears     | <input type="checkbox"/> Anxiety      | <input type="checkbox"/> Anger        | <input type="checkbox"/> Guilt       |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Helplessness |                                      |

If there is anything else you would like to share, please do so here.



*Check off any assistance that would be helpful for you during your time with Safe Families for Children.*

### **Parenting**

- How to use time outs
- How to provide structure and routines for my child(ren)
- Basic infant care
- How to set limits with my child(ren), how to say “no” and stick with it
- Building confidence as a parent
- Keeping up with shots/medical care
- How to teach my child(ren) to respect others and learn ‘right from wrong’
- Preparing my children for school
- How to calm a crying baby
- Activities to encourage my baby’s (child’s) development
- Disciplining my child(ren)
- How to help my child(ren) do better in school
- Seeing/meeting my baby’s needs
- Getting out of the house with child(ren)

### **Assistance/Referrals**

- Financial Assistance/counseling
- Legal Assistance
- Food stamps/WIC
- Employment
- Handyman/house needs to be fixed
- Preschool/Head Start
- Meals
- Reading/literacy/tutoring
- Managing my household
- Community support (church, friends, etc)
- Medical Assistance
- Housing Assistance
- Education (GED/College)
- Counseling
- Respite/babysitting
- Transportation
- Cleaning/organizing
- Learning to manage time, stress, anger
- Parent support and activity groups/outing

### **Supplies**

- Baby supplies
- Toys/books
- Baby clothes
- Children’s clothing
- Adult clothes
- Children’s furniture
- Couches/chairs/furniture
- Crib/Beds
- Kitchen appliances
- Pots/pans

### **Personal support/Help**

- Support, someone to talk to
- Assistance coordinating getting to/from health care
- Personal problems
- Assistance with drug/alcohol problems
- Spiritual support
- Relationship problems
- Someone to call when overwhelmed
- Depression
- Family planning, birth control
- Feeling better about myself
- Problems with significant other
- What to do when overwhelmed

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Parent Signature and date



PO Box 380439 Brooklyn, NY 11238

917-589-0314

### Child Information

(Please complete one per child)

Child's Name:	Date of Birth:
Name of individual completing form:	Date:

#### **General Information**

Are you receiving services from other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what agency?
Caseworker Name:	Phone # :

#### **Family**

Family Members Living in the home:	List Names:
What is your child's race/ethnic background?	Languages spoken in the home?
What is the family's religious preference?	

#### **Health and Development**

Was the pregnancy normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe any complications during pregnancy or delivery:
When was toilet training completed?	Does your child still wet the bed at night?
Does your child have an unusual word when he/she needs to go to the toilet?	What is it?
Has your child had any unusual illness or accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:
Does your child have a big or little appetite?	Does he/she have a regular diet?
Does your child have a bedtime routine?	Describe:
Please list all illness/injury and/or surgery. Indicate age when occurred:	Describe:
How is child's vision and hearing?	Any history of emotional or neurological illness in either parent?
Family Doctor	Phone #: Address:
Allergies	Medications



**Child's Development**

What age did your child do the following for the first time?

Sat by self	Walked alone	Said first word	Talked in sentences
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Who was the primary person to whom your child became attached to as an infant?

Describe what your child likes to do as fun?

What situations, relationships, or events tend to be the hardest or most upsetting for this child?

List special abilities:

**Social**

Does your child have a nick name?

What does your child like to do at home?

Does your child have favorite friend or relatives?

What scares your child?

Discipline in the home includes:

- Time out     
 Talking about behavior     
 Reward/loss of privilege     
 Spanking     
 Other

How often needed and how effective?

**Education**

School Name

Phone:

Address:

Teachers Name

Grade:

Start/End times

Special Ed Needs:

**Child's Behavior**

Current academic or behavioral problems?

Check all that apply

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Depressed               | <input type="checkbox"/> Overactive                | <input type="checkbox"/> Nightmares          | <input type="checkbox"/> Runs away          |
| <input type="checkbox"/> Anxious                 | <input type="checkbox"/> Easily frustrated         | <input type="checkbox"/> Sleep difficulties  | <input type="checkbox"/> Wants to die       |
| <input type="checkbox"/> Fearful                 | <input type="checkbox"/> Peer problems             | <input type="checkbox"/> Eating difficulties | <input type="checkbox"/> Uses drugs/alcohol |
| <input type="checkbox"/> Withdrawn               | <input type="checkbox"/> School problems           | <input type="checkbox"/> Wets bed            | <input type="checkbox"/> Truant             |
| <input type="checkbox"/> Low self esteem         | <input type="checkbox"/> Sexualized behavior       | <input type="checkbox"/> Temper tantrums     | <input type="checkbox"/> Hurts him/herself  |
| <input type="checkbox"/> Poorly motivated        | <input type="checkbox"/> Touches private parts     | <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Plays with fire    |
| <input type="checkbox"/> Daydreams               | <input type="checkbox"/> Distractible              | <input type="checkbox"/> Destroys property   | <input type="checkbox"/> Steals             |
| <input type="checkbox"/> History of Sexual abuse | <input type="checkbox"/> History of physical abuse | <input type="checkbox"/> Other:              |   |

Signature and Date



## Parent Rights and Information

1. It is understood that you are making this Family Friend arrangement voluntarily (non-coerced). You have a right to withdraw from the relationship whenever you like.
2. You have a right to receive supportive coaching and referrals from SFFC Family Coaches.
3. You have a right to have information regarding you and your family to be held in confidence. We do keep some records about our involvement with you. The initial paper information you provide is kept and stored securely. Recording during our involvement is done on a secure online database.
4. If there are other professionals or agencies working to support you or your child, we do ask that you agree to information sharing between Safe Families and them in order that we can all provide the best, safe support for you.
5. If your child gets sick or requires medical attention while in the care of a Family Friend, every attempt will be made to contact you. If you are unavailable, the SFFC family friend has been given authority by your permission to seek medical treatment.
6. It is expected that you will address the issues that led to this Family Friend arrangement, while you are engaged with SFFC. This may include services, treatment, housing assistance and the like that are offered in your community. If it becomes apparent that you are not addressing issues or are not involved in services, SFFC Family Friend arrangements may end. Please remember that we are not able to be simply an answer to lack of childcare.
7. If you are unhappy with the help provided to you or your child, please contact you Family Coach to inform them of that.
8. SFFC staff are typically available from 9am to 5pm daily. You can reach them at 917- 589-0314. Your Family Coach will let you know his/her availability.
9. It is important to note that all Safe Families for Children staff are mandated reporters of suspected child abuse and neglect.





## Parent/Guardian Consent for Safe Families for Children Family Friend support

I have read or have had shared with me the letter Introducing Safe Families for Children to me and I agree with the Safe Families policies and procedures outlined in it.

I have read or have had shared with me the Parental Rights and Information letter and I agree with the Safe Families policies and procedures outlined in it.

I understand the voluntary nature of the support provided through Safe Families for Children and the principles of encouraging my strengths to help me care for my children. I understand that either I, or my Family Friend may cease involvement at any time.

### Signature:

Parent/ Guardian name:

\_\_\_\_\_

*please print*

\_\_\_\_\_

Parent/Guardian (*signature*)

\_\_\_\_\_

Date