



# Parent Information

Safe Families *for* Children

## Parents or Legal Guardians

1. **Primary Parent** \_\_\_\_\_ Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. **Other Parent** \_\_\_\_\_ Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

***(Note: If there are multiple birth parents, please use back of form for above information on other parent of each child***

Parent's marital status:  Married  Separated  Divorced  Single  Other \_\_\_\_\_

Who is the Legal guardian or Custodial parent? \_\_\_\_\_

What is your reason for seeking temporary housing/care for your child(ren) through the Safe Families Program?

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

What goals are you working on in order to provide you and your children a safe, healthy, stable home environment? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved with CPS?  Yes  No If yes, are you currently?  Yes  No

Please explain any CPS involvement: \_\_\_\_\_

\_\_\_\_\_

What is your CPS caseworker's name? \_\_\_\_\_

Have you ever been in drug or alcohol treatment?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been homeless in the past?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever experience domestic violence or received services? Yes No If yes, please explain

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Have you ever been charged with a crime?  Yes  No If yes, were you convicted?  Yes  No

Please describe the charges and the circumstances \_\_\_\_\_

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Have you ever been incarcerated?  Yes  No If yes, please explain \_\_\_\_\_

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**What services are you currently receiving?** \_\_\_\_\_

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**Are there any unmet needs or services you don't have?** \_\_\_\_\_

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

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Are you currently on any medication? \_\_\_\_\_

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### **Parent's Background**

Who raised you growing up? (Who lived in your household?) \_\_\_\_\_

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Educational experience \_\_\_\_\_

Current / past medical history \_\_\_\_\_

Your strengths/special skills \_\_\_\_\_

Your weaknesses / problems \_\_\_\_\_

***(Note: If there are multiple birth parents, please use back of form for above information on other parent of each child***

### **Resources**

Are there any extended family members living in the area? \_\_\_\_\_

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Do you have other close friends or neighbors? \_\_\_\_\_

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**I have had these experiences: (Check all that apply)**     Victim of Crime     Sexual Abuse  
 Physical Abuse     Domestic Violence     Used Drugs     Homelessness  
 Financial Problems     Abused Alcohol     Mental Health / Depression  
 Rape     Suicidal Thoughts     Other: \_\_\_\_\_

**I need help with the following... (Check all that apply)**     Stable home     Counseling  
 Job     Spiritual support     Help with my children     Marriage counseling  
 Addictions / recovery support     Training in parenting     Mental Health Treatment  
 Medical Treatment     Other: \_\_\_\_\_

**I struggle with these emotions: (Check all that apply)**     Sadness     Loneliness     Guilt  
 Depression     Nervousness     Fears     Anxiety     Anger  
 Emptiness     Hopelessness     Helplessness     Other: \_\_\_\_\_

*I agree to work hard and allow Safe Family volunteers to help me with the above stated needs. I commit to overcoming my areas of weakness and developing new strengths to maintain a safe and healthy home environment for me and my children.*

\_\_\_\_\_  
**Parent / Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Other Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

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**(Information below for SFFC Staff Only)**

**Staff's comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff's service recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**