



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

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

Please describe the charges and the circumstances _____

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

What services are you currently receiving? _____

Are there any unmet needs or services you don't have? _____

Do you have any health concerns that need attention? _____

Are you currently on any medication? _____

Parent's Background

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

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? _____

Do you have other close friends or neighbors? _____

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

(Information below for SFFC Staff Only)

Staff's comments: _____

Staff's service recommendations: _____

Staff Signature

Date