



PO Box 146, Topsham, ME 04086
207-713-0523

Dear Parent,

During this difficult time we are here to help. Safe Families for Children (SFFC) offers support through a Circle of Support (COS)- Family Coaches, Host Families, and Family Friends. These volunteers are here willingly and without pay to come alongside you through a relationship and opening their home if you need for your child(ren). Our families have been screened and approved and are ready to take children as young as a day old through parenting teenagers.

Parents who have reached out to SFFC have had struggles such as: homelessness, being overwhelmed, depression, health problems, drug and/or alcohol addictions, unemployment, domestic violence, and short-term incarceration.

We would love to connect every family with at least a Family Friend to come alongside you while you are working on your goals to be in a stable place for you and your family. Whether you have your children hosted or not we want to make sure you have a support system to be available to just talk or even meet with you in person to support you where you're at.

SFFC Host Families are interested in helping short-term and be co parents with you; they are not seeking to adopt or be foster parents for your child(ren). Hostings within SFFC can last anywhere from a night to several months as long as their parents continue making progress on their goals. They would like to help and be a support to you. It is important to know that this is not foster care, and if you have your child(ren) hosted, you are not placing them in State custody or care. We are similar to having an aunt or uncle (informal support) and you are asking them to take care of your children while you get back on your feet. We strongly encourage you to visit with your children if you are having them hosted as to maintain a strong relationship with your children. Your SFFC Family Coach will help with visits and we try to do it at a time and place that is convenient to you and the Host Family. If your child is old enough, we encourage phone calls or video calls to connect. We encourage these to be daily if you can as long as it is arranged with the Host Family at a convenient time. Hosting is voluntary, so at any point you or the host family changes their mind, your children can be returned to you. All children are returned to their parents, unless the parents make other arrangements.

In order to get started, intake paperwork needs to be completed as well as additional forms giving written permission to the SFFC to connect with any providers you are working with. Once a COS is found, we will make arrangements to introduce and connect you for support.

We hope you will consider Safe Families for Children. SFFC Family Coaches will do what they can to help you get back on your feet. Call us anytime- 207-713-0523.

Sincerely,

Maine Safe Families for Children Team

Parent Rights

1. You are making this support arrangement voluntarily (non-coerced). You have a right to request to end the relationship whenever you like, please just let us know. Should you change your mind and desire supportive relationship through Safe Families in the future, you are welcome to call again at any time.
2. You have a right to have information regarding you and your family kept confidential, though please note that information will be shared as needed amongst the team of approved volunteers supporting you and with the Safe Families staff team. Your intake application, any self-assessments and Volunteer and Family Coach notes about their time with you, are kept and stored on a secure online database.
3. You have the right to know that all Safe Families for Children staff are mandated reporters of suspected child abuse and neglect.

Parent Expectations

1. During intake, you will complete a brief self-assessment and be asked about your short-term goals. You will review these documents with your Family Coach and any other approved volunteers you have been connected to in order to clearly establish expectations. These items will be reviewed regularly to determine next steps.
2. You will commit to connecting regularly (weekly for hostings and at least monthly for Family Friend arrangements), by either phone or in person, with your Family coach and any approved volunteers you have been connected to for the duration of the support agreed upon. This may include meeting in your home or in public places, whatever you are both comfortable with.
3. If there are other professionals, therapists 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 work as a team to best support you and your family. Please fill out a Release of Information Form if this applies.
4. You are responsible to update your Family Coach and any approved volunteers supporting you as soon as possible with any important changes including phone number, address or new information about your situation.

If you have any questions or concerns, please contact your Family Coach to inform them. If your Family Coach cannot address your question or concern, Safe Families for Children staff are typically available from 9am to 5pm daily.



PARENT INFORMATION FORM

Information provided by: _____
Date of completion: _____

GENERAL INFORMATION

Parent 1: _____ DOB ____/____/____
Address _____ City/State/ZIP _____
Home phone: _____ Cell phone: _____
Email: _____ Race/Ethnicity: _____
Language(s) spoken: _____ Religious Preference: _____
Marital status: Married Separated Divorced Cohabitation Single Parent

Parent 2: _____ DOB ____/____/____
Address _____ City/State/ZIP _____
Home phone: _____ Cell phone: _____
Email: _____ Race/Ethnicity: _____
Language(s) spoken: _____ Religious Preference: _____
Marital status: Married Separated Divorced Cohabitation Single Parent

Children in your custody (identify parent(s) with custody):

Name _____	Age _____	M/F _____	Grade _____
Name _____	Age _____	M/F _____	Grade _____
Name _____	Age _____	M/F _____	Grade _____
Name _____	Age _____	M/F _____	Grade _____

Children not in your custody:

Name _____	Age _____	M/F _____	Grade _____
Name _____	Age _____	M/F _____	Grade _____

EDUCATION/WORK EXPERIENCE

Parent 1: Highest level of schooling completed: GED HS Diploma Some College College/Trade School
Specialized training or certificate _____
Employer _____ Occupation _____
Work Address/ Phone: _____
Previous work experience: _____

Parent 2: Highest level of schooling completed: GED HS Diploma Some College College/Trade School
Specialized training or certificate _____
Employer _____ Occupation _____
Work Address/ Phone: _____
Previous work experience: _____

MEDICAL/MENTAL HEALTH HISTORY

Parent 1:
Do you have any medical or mental health diagnoses? _____
Are you in current need of medical treatment? Yes No
Are you in current need of mental health treatment? Yes No
Have you ever received treatment for mental health needs? Yes No
Do you have a history of drug and alcohol struggles? _____
Are you in current need of drug or alcohol treatment? Yes No

Have you ever received treatment for drugs or alcohol? Yes No

Parent 2:

Do you have medical or mental health diagnosis? _____

Are you in current need of medical treatment? Yes No

Are you in current need of mental health treatment? Yes No

Do you have a history of drug and alcohol use? _____

Are you in current need of drug or alcohol treatment? Yes No

SOCIAL SUPPORT INFORMATION

Which public assistance/service do you or have you received? WIC SNAP TANF LINK SSI

Public Healthcare Childcare Assistance other: _____

Are you currently working with any other supportive agencies or case workers? Yes No

If yes, please provide Name and Contact Information: _____

Have you ever been involved with child protective services? yes no

If yes, when and what services were received: _____

Have you ever been convicted of a crime? yes no

If yes, when and what was the charge? _____

Please share any extended family members, close friends, or neighbors nearby that are a support to you.

Name	Relationship

Would you like referrals for any of the following needs (please check):

<input type="checkbox"/> employment	<input type="checkbox"/> parenting skills	<input type="checkbox"/> legal assistance
<input type="checkbox"/> housing	<input type="checkbox"/> daycare/head-start	<input type="checkbox"/> financial assistance
<input type="checkbox"/> education	<input type="checkbox"/> transportation	<input type="checkbox"/> medical assistance
<input type="checkbox"/> donations/supplies	<input type="checkbox"/> spiritual support	<input type="checkbox"/> drug treatment
<input type="checkbox"/> counseling	<input type="checkbox"/> meals/food	<input type="checkbox"/> job search
<input type="checkbox"/> support/mentor	<input type="checkbox"/> reading/literacy/tutoring	<input type="checkbox"/> school enrollment

GOALS AND STRENGTHS

What is your reason for seeking support from Safe Families? _____

What are your primary goals to be in a place where you feel that you can parent well?

Goal 1: _____ Goal 2: _____

Goal 3: _____ Goal 4: _____

What strengths or resources do you have that will be helpful in achieving your goals? _____

Parent Signature & Date

Parent Signature & Date



CHILD INFORMATION FORM

Information provided by: _____

Date of completion: _____

Child's name _____ Nickname: _____ d.o.b. ____/____/____

Mother's name/address: _____

Father's name/address: _____

Legal guardian(s) (if not parents) _____ Phone _____

Address _____ City/State/ZIP _____

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

Race/Ethnicity: _____ Languages spoken in the home: _____

What does your child like to do for fun? _____

What are your child's favorite foods? _____

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

Discipline/Training at our home includes:

time-outs talking about behavior rewards / loss of privileges spanking other _____

When does your child wake up? _____ When is naptime? _____ When is bedtime? _____

HEALTH RELATED QUESTIONS. *If you answer "yes," use the space provided to explain.*

Medical Insurance Provider: _____ Medical Card #: _____

Child's physician name/address/telephone: _____

Describe type and location of birthmarks: _____

Chronic/ongoing health problems? No Yes: _____

Current Medications: _____

Does your child have any allergies? No Yes: _____

Has your child had any unusual illnesses or injuries? No Yes: _____

Does/Has your child had headlice? No Yes Does your child/child's bedding have bed bugs? No Yes

Does your child receive outpatient services from any local social service agency or medical provider? No Yes

If so please share services: _____

Does your child have any current health related issues that require attention (vaccinations out of date, doctor appointment needs etc.) No Yes: _____

EDUCATION RELATED QUESTIONS. *If child is not attending a program, skip to the next section.*

School or Early Childhood Program location/address: _____

Grade: _____ Teacher's name: _____

Transportation to school: _____ School program hours: _____

Before and/or After School Programs: _____

Before and/or After School Programs times: _____

Does your child have academic or behavioral difficulties at school that require a special education (IEP) or discipline plan? No Yes: _____

CHILD INFORMATION, CONTINUED

CHILD'S NAME:

INFANTS/TODDLERS INFORMATION. *If your child is older, skip to next section.*

Is your child potty trained during waking hours? Yes No Does your child stay dry overnight? Yes No

Diaper brand/type and size: _____

What words does your child use when he/she needs to use the toilet? _____

What type of formula and bottle does your child use? _____

Table foods your child eats _____

What is your child's bedtime/nap routine? _____

Are there any problems associated with bedtime/naps? _____

Please check all that apply to your child:

- | | | | |
|---|--|---|---|
| <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 toward others | <input type="checkbox"/> Plays with fire |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> History of sexual abuse | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> History of physical abuse | <input type="checkbox"/> Other _____ | |

Is there anything else that you would like our volunteers to know about your child to best care for him/her?
