



Parent Education Program
Service Intake

Name: _____ Date: _____
 Date of Birth: _____ Ethnicity/ Race: _____
 Primary Language: _____ Telephone Number: _____
 Current Address: _____
 Marital Status: Married Single Divorced Separated Widowed
 SSN: _____

Emergency Contact: _____ Telephone Number: _____

Child(ren):

Name	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Residence of Children:
 Shelter Relative
 Foster Care Biological Home
 Other: _____

AUTHORIZATION OF RELEASE OF PROTECTED INFORMATION

{ } Written Authorization

I _____ agree to release information on this form to Childhaven, Inc. this information is to be used to determine which services are required. I understand that I may cancel this authorization at any time by submitting a WRITTEN request to Childhaven, Inc., except where a disclosure has already been made in reliance on my prior authorization.

Signature _____ Date _____

{ } Verbal Authorization

Client gave verbal consent over the phone to release information to Childhaven Staff member.

Name of person giving verbal consent: _____

Childhaven Staff Member: _____

Signature of Childhaven Staff Member: _____

Date: _____

Office use only Date: _____
Time: _____

Identifying Data

Name: _____
DOB: _____ Gender: Male / Female
Physical Address: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Race: _____ Ethnicity: Hispanic / Non-Hispanic Tribal Affiliation: _____
Primary Language: _____ Secondary Language: _____
Have you attended any other parenting classes before? YES NO
If yes, give year attended and how long of course: _____
What is your form of transportation? _____
Is this a reliable form of transportation? YES NO

Work Information

Employed F/T Employed P/T Not Currently Working
 Student On Disability Other: _____
Name of Company: _____
Title: _____
Current Job Schedule: _____

Child(ren) Information

If Child(ren) is not in the home, please fill out contact information for legal guardian/ Caregiver.

Relative Name: _____
Relationship: _____ Maternal Paternal
Address: _____
City/State: _____
 Foster Family: _____
Address: _____
City/ State: _____
 Shelter: _____
Address: _____
City/State: _____

Reason Child(ren) was taken out of the home

Circle all that apply:

Neglect	Suspected Physical Abuse	Suspected Sexual Abuse	Court Ordered
Abandonment/ Run-Away	Drug Related	Alcohol Related	Domestic Violence
Mental Health Issues	Currently under investigation	Child- Alcohol or Drugs	Other:

Other Agencies Involved

Please write in name and contact number

JPO: _____ Phone: _____
Social Worker: _____ Phone: _____
CYFD Investigations: _____ Phone: _____
CASA: _____ Phone: _____
Tribal Services: _____ Phone: _____
Childhaven Family Advocate: _____ Phone: _____
Other: _____

By signing below, you agree that you have advised Childhaven of all questions to the best of your knowledge.

Print Name: _____
Signature: _____
Date: _____

<p>For Office Use Only:</p> <p><input type="checkbox"/> Group Classes</p> <p><input type="checkbox"/> One-On-One Classes</p> <p><input type="checkbox"/> Needs Transportation Services</p> <p>Notes:</p> <p>_____</p> <p>_____</p>
--

CHILDHAVEN, INC.
POLICY AND PROCEDURE
APPOINTMENT CANCELLATION AND NO-SHOW

The goal of our Parenting Education Services program at Childhaven, Inc. is to provide support to you and your family which helps you reach your goals. As part of our commitment to you, we strive to fulfill your appointment needs. We ask that you make a commitment by being on-time and present as well as participating during scheduled appointment times. In order to continue to meet your needs, we found that it has become necessary to implement a cancellation/no-show policy when clients fail to keep their scheduled appointment.

***Once a client has three (3) cancellations or no-show appointments, the inactive client procedure will be started, leading to client's file being closed.

*** Failure to keep in contact with your parent support worker will result in your file being closed.

In order to avoid this result:

- If you must miss an appointment, please contact the Parent Support Worker (PSW) at least 24 hours in advance.
 - Appointments that are not cancelled at least 24 hours in advance are considered "No-Show"
 - For one-on-one sessions, if located outside of Farmington area, client needs to call PSW, if PSW does not receive a call one (1) hour before appointment time, the meeting will be cancelled.
- Exceptions to this policy are emergencies and/or unavoidable circumstances as determined by Childhaven.

Inactive Client Procedure:

- PSW will call and talk about situation and cancellation policy (1st attempt)
 - If messages left on 1st attempt are not returned within one week, a second call will be made (2nd attempt)
 - If no response after 1 week of second call, a letter will be mailed out and a copy will be sent to CYFD, PS and/or JPO or other referring agency (3rd attempt)
 - If no response to the letter, file will be closed.
-

I, _____, have read the above policy and agree to attend my scheduled appointment at Childhaven for Parenting Education Program. I understand that having "No-Show" appointments could cause discontinuation of services and other involved agencies will be notified.

Legal Guardian signature _____ Date _____

Childhaven Staff signature _____ Date _____

CHILDHAVEN'S DOOR IS ALWAYS OPEN AND INDIVIDUALS WILL BE WELCOMED BACK TO CHILDHAVEN UPON RETURN

Client Grievance Procedures

Client Name: _____

Policy:

The purpose of the Grievance Procedure is to provide our clients with an acceptable means of expressing any complaints or concerns they may have with Childhaven staff, volunteers and/or contractors.

Procedure:

If a client disagrees with a staff, volunteer or contractor decision and/or their conduct, there should always be an initial attempt to resolve any disputes between the two parties involved.

If the client does not feel the matter was resolved, the client may submit a written grievance to Childhaven, 807 W. Apache St., Farmington, 87401. All written grievances will be placed in the mailbox of the appropriate Program Supervisor. Within 72 hours of receipt, the Program Supervisor will contact the client to discuss the matter. The Program Supervisor's decision will be in writing, with copies placed in the client's file and sent to the client, no later than 10 working days.

If the Program Supervisor does not satisfy the client's needs, the written grievance will be forwarded to the Chief Executive Officer (CEO). The CEO will investigate the complaint and contact the client within 10 working days. The CEO's decision will be in writing, with copies placed in the client's file and sent to the client, no later than 10 working days. The decision of the CEO will be final.

I have read and understand the Client Grievance Procedures.

Client Signature Date

Parent/Guardian Signature Date

Witness Signature Date

- FOOD ALLERGY NOTICE -

Please be advised that the dinner provided for Childhaven's Parent Education Program is not prepared on site and may contain any of the following ingredients:

- Milk/dairy products
- Eggs
- Wheat
- Soybeans
- Peanuts
- Fish
- Shellfish
- Other allergens

Clients and family members who choose to participate in the free dinner, that have known food allergies or sensitivities to certain ingredients should exercise food judgement when consuming. Childhaven will not be held responsible. If you would like to bring your own food from home, you may do so, we only ask that you clean up after yourself.

I have read and understand that I am responsible for me and my family's food allergies and have the option to bring my own food if I feel it necessary. I understand that Childhaven will not be held responsible and I will use food judgement when participating in the Parent Education Program's free dinner.

Client Signature _____ Date _____

Staff Signature _____ Date _____

Childhaven, Inc.
Parent Education Program
Confidentiality and Respect Agreement

The Parent Education Program strives to help families learn and improve communication skills, nurturing techniques as well as other necessary parenting practices. In order to learn and improve these skills, we must exercise them. Throughout the course of Nurturing Parenting, there may be times you and your family members are asked to share personal experiences or opinions about certain controversial topics, which you may choose to decline. However, please keep in mind that others in the group also have their chance to be heard and may share opinions that are not the same with your own or they may talk about difficult personal experiences.

We at Childhaven believe that everyone should be granted the respect and freedom to share their thoughts, beliefs, and stories without judgement. Childhaven stands by the confidentiality policy and ask that everyone who participates in the Parent Education Program be mindful of this policy and keeps group discussions in the group, and not share outside of class.

To optimize our group sessions we ask that participants follow these guidelines:

- Turn off/ silence your cell phone during group discussions
- Allow each other to speak one at a time
- Listen to each other, give the speaker you full attention
- Do not make negative comments or snide remarks
- Do not discuss someone's personal stories with others outside the group.
- Respect other's backgrounds, religion, beliefs, and values.
- Do not be confrontational or start an argument
- Do not intimidate or belittle anyone.

Childhaven reserves the right to refuse or discontinue service to anyone that we deem may have expressed inappropriate behavior and/or broken any of the previous guidelines set forth by the Parenting Education Program.

Client Signature _____ Date _____

Childhaven, Inc.

Transportation Agreement

Childhaven's Parent Education Program strives to meet the needs of all parents and caregivers by providing transportation to and from weekly classes when other forms of transportation is not available. In order for Childhaven to better meet your needs we ask that you:

- Call the Friday Before the class before 3:00 PM and schedule a pick up time with a designated Childhaven Staff Member.
 - Let the staff know exact number of passengers
 - Provide home address and physical direction if needed
 - Contain all pets away from Childhaven staff in order to maintain safety.
 - Be ready at scheduled time and place for pick up
 - Always wear a seatbelt and assure that your child(ren) are securely fastened at all times
 - Provide your own infant car seat or toddler booster seat
 - Clean up after yourself when exiting the vehicle
 - Refrain from smoking (tobacco/e-cigs) and chewing tobacco
 - Refrain from consuming alcohol
 - No open food or drinks in the vehicle (unless in sealed container for dinner)
 - Children may not travel without a parent or legal guardian
 - If you need to cancel transportation please call Childhaven at least 24 hours before your scheduled pick up time
-

I have read and understand that Transportation Agreement and agree to follow the terms set forth by the Childhaven Parent Education Program. I consent to have Childhaven staff come to my residence and transport me and my approved passengers to and from the Parenting Education Classes.

Client Signature _____ Date _____

Transportation is a first come first served basis and seats are limited. Please assure that you make transportation arrangements by Friday before 3pm.

Childhaven, Inc
Parent Education Services

Client (parent) name: _____ DOB: _____

Parent Education Program is addressing the strengths and challenges of clients and their families. Parent Education Program provides ongoing support, training, coordination of resources, involving families and the community.

Parent Education Services Include:

- Meeting with the client face-to-face during weekly group sessions or one-on-one sessions.
- Coordination of services with referring agency

Your involvement in Parent Education Services includes:

- Letting your Parent Support Worker (PSW) know how to reach you
- Telling your PSW what your needs are
- Participating with your PSW in setting goals and developing a service plan and schedule
- Doing your best to follow this plan and schedule
- Keeping appointments of scheduled classes
- Participating in post enrollment surveys
- Contacting PSW in the event of a contagious illness/condition in your home (pinkeye, lice, etc.)
- Refraining from smoking, including e-cigs, during meetings
- If participating in in-home services, keeps pets contained and away from PSW
- Refraining from alcohol or substance abuse while receiving services from the PSW

I have read and understand this consent form. All rules, family and client responsibilities, times and locations of services, guidelines for participation, reasons for termination, client and family rights, and confidentiality procedures have been fully explained. I understand my part and wish to be enrolled in the Childhaven, Inc Parenting Education Program. I am willing to work closely with my PSW and to follow the plan we will develop together.

Client Signature _____ Date _____

I understand my responsibilities to this client/family and will work closely with them to help them receive the services to obtain the family goals as outlined in their service plan.

PSW Signature _____ Date _____

Parent/Legal Guardian Name _____

Childs Name: _____

Age _____ DOB _____

Please check any accommodations for the child:

- Diaper Change
- Assistance in toileting
- Bottle Fed (breastmilk)
- Bottle Fed (formula)
- Sippy Cup needed
- Help with Homework
- Other: _____
- None

Medical

- Has seizures
- Has Asthma
- Needs help using inhaler
- Wears glasses
- Wears hearing aids
- Blind
- Deaf
- Has allergy to: _____
- Other Medical Conditions: _____
- None

Behavioral

- Easily upset
- Throws objects with angry
- Temper Tantrums
- Has a hard time being away from parents
- Has exhibited sexualized behaviors
- Child's been a danger to self or others
- Has experienced physical abuse
- Impulsive/disruptive behaviors
- Anti-social behavior
- Needs one-on-one supervision
- Other: _____
- None

Additional Information:

Parent Signature: _____ Date: _____

Parent/Legal Guardian Name _____

Childs Name: _____

Age _____ DOB _____

Please check any accommodations for the child:

- Diaper Change
- Assistance in toileting
- Bottle Fed (breastmilk)
- Bottle Fed (formula)
- Sippy Cup needed
- Help with Homework
- Other: _____
- None

Medical

- Has seizures
- Has Asthma
- Needs help using inhaler
- Wears glasses
- Wears hearing aids
- Blind
- Deaf
- Has allergy to: _____
- Other Medical Conditions: _____
- None

Behavioral

- Easily upset
- Throws objects with angry
- Temper Tantrums
- Has a hard time being away from parents
- Has exhibited sexualized behaviors
- Child's been a danger to self or others
- Has experienced physical abuse
- Impulsive/disruptive behaviors
- Anti-social behavior
- Needs one-on-one supervision
- Other: _____
- None

Additional Information:

Parent Signature: _____ Date: _____