

AGENCY INFORMATION FOR PARENT EDUCATION NETWORK

Please fill out a separate page for each type of service.

I. CONTACT INFORMATION:

- A. CONTACT NAME: Leah Hughes AGENCY The Center for Community Justice
- B. PHONE NUMBER: 970-495-0084
- C. EMAIL ADDRESS: Leahh@frii.com

II. TYPE OF SERVICE:

A. PARENTING CLASS / SERIES OF CLASSES: (Please list name of program/class)

- Class / Series Name: Adolescent Parenting Class
- Length: Total number of sessions 6-7
Length of each session 2 hours
- This class is (check one):
 - Parenting related
 - (or)
 - For parents to-be (prenatal orientation)
- Fee yes no Approx. Amount \$90.00 w/sliding scale, discount if registered in advance.
- Childcare provided: yes no

Notes: Inquire for more information about the class structure and topics addressed. This class is directed towards parents of teenagers with challenging behaviors and making concerning choices.

B. SUPPORT GROUP (Must be agency or organization affiliated)

- Group Name:
- Target population and/or issues addressed:
- Childcare provided: yes no

Notes:

C. ONE-ON-ONE SUPPORT SERVICES (i.e. in-home visitation, case management services, etc.)

- Program Name:
- Target Population:
- Fee yes no Approx. Amount
- Childcare provided: yes no

Notes:

D. OTHER RESOURCE SERVICES

1. Parent Information / Referral Service:
 - Type/Name of Service:
 - Issue addressed (i.e. child care referral, support line, basic family needs, etc.):
2. Provider Resource Services:
 - Name of Agency/Service:

- Nature of Resource(s) available (i.e. parenting curriculum, credit classes, "train the trainer" classes, facilitators, etc

Notes:

III. PARTICIPATION CRITERIA:

For the program or service listed above, please indicate the following:

A. Age of children this information is targeted to:

- Prenatal 0 – 4 5 – 12 13 – 18

B. Special eligibility requirements?

- Low income Other requirements (please specify)

C. Program is offered in Spanish.

- Yes No

Notes: The class is offered to ages 10-18.