

AGENCY INFORMATION FOR PARENT EDUCATION NETWORK

I. CONTACT INFORMATION:

A. CONTACT NAME: **Stephane Robinson**

AGENCY **The Family Center/La Familia**

B. PHONE NUMBER: **221-1615**

C. EMAIL ADDRESS: **familycenter@hotmail.com**

II. TYPE OF SERVICE:

A. PARENTING CLASS / SERIES OF CLASSES: **n/a**

B. SUPPORT GROUP: **n/a**

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

- Program Name: **Parents as Teachers**

- Target Population: **Parents with children ages 0-5**

- Fee yes no Approx. Amount

- Childcare provided: yes no

Notes: **Home visitation program**

D. OTHER RESOURCE SERVICES: **n/a**

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: **some of our programs are offered in English and Spanish**