

AGENCY INFORMATION FOR PARENT EDUCATION NETWORK

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

I. CONTACT INFORMATION:

- A. CONTACT NAME: Nancy Almond
- B. PHONE NUMBER: 586-3055
- C. EMAIL ADDRESS: evics@frii.com

AGENCY Estes Valley Investment in Childhood Success

II. TYPE OF SERVICE:

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

- Class / Series Name: Partners in Parenting
- Length: Total number of sessions 6
Length of each session 1.5 hours
- This class is (check one):
 - Parenting related
 - (or)
 - For parents to-be (prenatal orientation)
- Fee yes no Approx. Amount
- Childcare provided: yes no

Notes:

B. OTHER RESOURCE SERVICES

1. Parent Information / Referral Service:

- Type/Name of Service: Childcare Referral and parent supports
- Issue addressed (i.e. child care referral, support line, basic family needs, etc.): information, referrals, scholarships

2. Provider Resource Services:

- Name of Agency/Service: EVICS
- Nature of Resource(s) available (i.e. parenting curriculum, credit classes, "train the trainer" classes, facilitators, etc resource room, provider training

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:

