



## **Family Resilience Program Description**

The Parent Resource Centre's **Family Resilience Program (FRP)** provides client-centered, trauma-informed parenting support services with minimal access barriers.

*FRP* is a support service for vulnerable high-risk families (parents and children 0-18) that are not connected or able to access community parenting services. FRP offers families short-term interventions based on the family's capacity and strengths. Our goals are to increase the social functioning and parenting capacity of the family, support children's healthy development, while supporting the development of positive parenting skills. We also support clients to access more mainstream services when ready.

*FRP* offers services in the client's home or at the centre in a group setting. The In-home Support Services are reserved for clients who face significant economic and social barriers.

The *In-home Team* provides variety of supports including but not limited to:

- short term situational counselling (as it relates to parenting stressors)
- assistance with system navigation
- advocacy/working collaboratively with other service providers. This may include accompanying clients to appointments with other service providers.
- education on topics relevant to client's circumstances includes but not limited to:
  - behaviour guidance
  - attachment
  - temperament
  - child development
  - building healthy relationships between parents and children
  - parental stress and self care
  - health and safety
  - establishing rules and routine

Parents will increase their knowledge, skills, and confidence in raising children with challenging behaviours, developmental delays, and/or mental health diagnoses. They will learn to balance their own needs so that they can meet the needs of the children in their care.

## **FREQUENTLY ASKED QUESTIONS**

### ***Is there a waitlist?***

Sometimes. The waitlist is dependent on worker caseloads and will be assigned on a first come first served basis.

### ***Is there a cost?***

No.

### ***Who can access the services?***

Parents and guardians of children between the ages of 0 and 18 years of age.

### ***How are the services provided?***

One-on-one appointments at the client's home, at an alternative site or in group workshops.

### ***What is the eligibility criteria?***

#### **Eligibility Criteria for Group Interventions**

*FRP/Group* include attachment-based group interventions held at the centre.

A client of the program will:

- Be seeking support with parenting
- Be understanding of the idea that in order to help kids, we help parents
- Have a child between the ages of 0 to 18 years of age

Register by:

- Scan and email the completed form to [MAregbesola@parentresource.ca](mailto:MAregbesola@parentresource.ca)
- Call Mariama at 613-565-2467 ext. 229 to complete registration over the phone

#### **Eligibility Criteria for the In-home Support Service**

*FRP/In-home* offers one-on-one appointments and home visits by our Parent Support In-home team.

A client of the program will:

- Live within the Greater Ottawa area
- Have a child between the ages of 0 to 18 years of age with social, emotional, and/or behavioural challenges
- Be facing significant economic and social barriers

Register by:

- Scan and email the completed form to [MAregbesola@parentresource.ca](mailto:MAregbesola@parentresource.ca)
- Call Mariama at 613-565-2467 ext. 229 to complete registration over the phone

**For more information contact Parent Resource Centre at 613-565-2467  
Family Resilience Program Intake Form**

*Please complete this Intake form to the best of your abilities and fax to 613-565-1144. Please note that all clients referred to Family Resilience Program will be contacted by the Family Resilience Program Team for confirmation of the information provided below and further assessment of needs.*

Date: \_\_\_\_\_

Referral source:    Self                                     How did you hear about the program \_\_\_\_\_  
                          Friend/Family                                    Name (optional) \_\_\_\_\_  
                          CAS     Worker Name: \_\_\_\_\_  
                          OW/ODSP      Worker Name: \_\_\_\_\_  
                          Lawyer      Lawyer Name: \_\_\_\_\_  
                          Hospital      Name: \_\_\_\_\_  
                          CHC     Worker Name: \_\_\_\_\_

**IF YOU ARE A PROFESSIONAL COMPLETING THIS FORM ON BEHALF OF A CLIENT,  
PLEASE SEND A SIGNED CONSENT TO EXCHANGE INFORMATION FORM**

**Client Information**

*Client A*

Relationship to Child(ren) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave a voicemail: Yes  No

Do you wish to use email/text for correspondence? \*\* Yes  No

**\*\* NOTE: Email/text is NOT considered to be a confidential method of communications. Please initial in the space provided to acknowledge that you understand \_\_\_\_\_**

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender Pronoun: He /She /They

Languages Spoken: \_\_\_\_\_

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*Client B*

Relationship to Child(ren) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave a voicemail: Yes  No

Do you wish to use email/text for correspondence? \*\* Yes  No

**\*\* NOTE: Email/text is NOT considered to be a confidential method of communications. Please initial in the space provided to acknowledge that you understand \_\_\_\_\_**

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender Pronoun: He /She /They

Languages Spoken: \_\_\_\_\_

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**Child(ren)**

First name of child: \_\_\_\_\_ Last name of child: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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First name of child: \_\_\_\_\_ Last name of child: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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First name of child: \_\_\_\_\_ Last name of child: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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First name of child: \_\_\_\_\_ Last name of child: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Current parenting situation:**

Do you have custody of your children?  Yes  No

If yes, is it full or shared custody?  Full  Shared

If no, do you have access to your children?  Yes  No

Please provide details ( eg reason, dates, agencies currently involved, legal restrictions etc).

\_\_\_\_\_  
\_\_\_\_\_  
**What other services/supports is your client(s)/are you currently involved with or have they been involved with in the past?**

CHEO Past  Present  Waitlist

Which child(ren) are/were involved and why:

\_\_\_\_\_  
\_\_\_\_\_  
Crossroads Past  Present  Waitlist

Which child(ren) are/were involved and why:

\_\_\_\_\_  
\_\_\_\_\_  
Adult Mental Health Service(s)

\_\_\_\_\_ Past  Present  Waitlist

\_\_\_\_\_ Past  Present  Waitlist

Adult Substance Use Service(s)

\_\_\_\_\_ Past  Present  Waitlist

\_\_\_\_\_ Past  Present  Waitlist

Other Service(s)

\_\_\_\_\_ Past  Present  Waitlist

\_\_\_\_\_ Past  Present  Waitlist

**What is your client(s)/your primary parenting goal at this time?**

- Increase knowledge of child development
- Increase knowledge of behaviour guidance
- Being better able to communicate with child(ren)
- Support around co-parenting
- Being better able to manage daily tasks (hygiene, routine, nutrition, safety)
- Balancing parental stress/mental health needs with responsibilities of raising children
- Assistance with referrals/system navigation
- Advocacy with other professionals serving the family
- Other: \_\_\_\_\_

**Is there anything else we need to know about your situation, culture, heritage, religion, health or language that you would like to share for us to serve you better?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

