

CONFIDENTIAL INFORMATION (PLEASE PRINT NEATLY – LEAVE BLANK IF UNKNOWN)



**Family Wellness: Survival Skills for Healthy Families** encourages parents to take responsibility for their own behaviors as it focuses on the fact that parental behaviors help influence their children’s adjustment. Parents learn quickly that they cannot have it both ways.

One of the unique aspects of this program is that it challenges parents to step up and do the right thing for their children. Included is the great opportunity to include the entire family as part of this program delivery.

Parents will learn that their inappropriate behaviors will emotionally harm their children. They will be challenged to make a choice between being adversarial with their co-parent and showing love for their children by helping them adjust.

Use an “\*” by their name to identify the mandatory YOUTH PARTICIPANT ~Thank You

Please List Each of the Children (8 and under may not be appropriate for class)	Child’s Age

Name of Class	Date / Day / Time # of Sessions
<b>Survival Skills for Healthy Families</b> <input type="checkbox"/> JDC/ZCS Program Recipient <i>Use an “*” by their name to identify the mandatory YOUTH PARTICIPANT ~Thank You</i> <input type="checkbox"/> Allwell Behavioral Health Services Program Participant <b>*Completion of eight (8) session required to receive your Certificate of Completion</b>	Day: <b>Thursday</b> Date: Open Sessions Time: <b>5:30pm – 7:30pm*</b> *subject to change if agreed by participants Location: <b>109 Madison St.</b> <b>Sessions: *continuum of eight for Certificate of Completion</b>

<b>Are you a U.S. Citizen:</b> Yes No	<b>Today’s Date</b> ____ / ____ / ____	<i>Referred to <b>Survival Skills for Healthy Families</b> program by:</i>			
<b>Primary Parent:</b>		<b>Co-Parent</b>			
<b>Spouse/Partner:</b>		<b>Spouse/Partner:</b>			
Primary Mailing Address:			Primary Mailing Address:		
City:	State:	ZIP:	City:	State:	ZIP:
<b>Phone:</b> ( )		Alternate Phone: ( )		<b>Phone:</b> ( )	
Who ( <i>organization</i> ) should be notified of your completion of the <b>Family Wellness: Survival Skills for Healthy Families program</b>					
Persons Name: _____ Organization _____					
Address: _____ Email: _____					
City: _____ State: _____ Zip: _____					

**Contact Information:**  
 Burl Lemon, Executive Director  
 ForeverDads ~ The Center for Fathers & Families  
 109 Madison Street  
 Zanesville, OH 43701

<b>Allwell Behavioral Health Services use only</b> <b>Contact Date:</b> _____ <b>Intake Completion Date:</b> _____ <b>NOTES:</b> _____
---

admin@foreverdads.com  
 (740) 453-1323 – Office  
 (877) 653-8184 FAX