PRC CRP
parentresource.ca

Parent Support Services Description

The Parent Resource Centre's ***Parent Support Services*** aim to provide client-centered, trauma-informed parenting support services with minimal access barriers.

Parent Support Services currently provides services to parents with children in transition. These children may be those involved with the Children's Aid Society, those having difficulty functioning in mainstream schooling, those being re-integrated into their family of origin after prolonged separation or those with mental health concerns on their journey to wellness. Services are available to parents with children between the ages of 0 and 18 years of age.

Eligibility Criteria for Group Interventions

Parent Support Services include attachment-based group interventions held at the centre.

A client of the program will:

- Be seeking support with parenting children in transition
- 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 for a session by calling the Parent Support Services Coordinator

Eligibility Criteria for the In-Home Support Service

Parent Support Services also offers the support of *In-home Parent Support Teams* available for one-on-one appointments and home visits, to support clients in:

- Parent-child relationship building
- Child development and behaviour guidance
- Practical needs support
- System navigation
- Advocacy

Unlike the group interventions offered by *Parent Support Services* the *In-home Parent Support Teams* are reserved for clients who face significant economic and social barriers.

A client of the program will:

- Be seeking support with parenting children in transition
- 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
- Be facing significant economic and social barriers
- Live within the area designated as "Ottawa's green belt" or Kanata
- Have completed an Intake with the Parent Support Services Coordinator

Parenting Support Services Intake Form

Please complete this Intake form to the best of your abilities. Please note that all clients referred to Parent Support Services will be contacted by the Parent Support Services Coordinator for confirmation of the information provided below and further assessment of needs.

Date: _____ Referral source: _____

Is your client/are you involved with CAS? ☐ Yes ☐ No

If yes, CAS worker's name and extension: _____

If CAS involved, please attach an exchange of information form. Please note that clients will not be scheduled for an initial appointment until the team is able to connect with their CAS worker.

Client Information

Client A

Relationship to Child(ren) _____

First Name: _____ Last Name: _____

Address: _____

Postal code: _____ Email: _____

Home phone: _____ Cell: _____

Date of birth (DD/MM/YYYY) _____/_____/_____ Age: _____

- -

Client B

Relationship to Child(ren) _____

First Name: _____ Last Name: _____

Address: _____

Postal code: _____ Email: _____

Home phone: _____ Cell: _____

Date of birth (DD/MM/YYYY) _____/_____/_____ Age: _____

Child(ren)

First name of child: ________________________ Last name of child: _______________________

Date of birth (DD/MM/YYYY) ______/______/______ Age: ___________

Client A Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

Client B Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

- -

First name of child: ________________________ Last name of child: _______________________

Date of birth (DD/MM/YYYY) ______/______/______ Age: ___________

Client A Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

Client B Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

- -

First name of child: ________________________ Last name of child: _______________________

Date of birth (DD/MM/YYYY) ______/______/______ Age: ___________

Client A Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

Client B Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

- -

First name of child: ________________________ Last name of child: _______________________

Date of birth (DD/MM/YYYY) ______/______/______ Age: ___________

Client A Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

Client B Custody Status ☐ Full ☐ Joint/Shared ☐ Temporary/CAS Care ☐ Kinship Care
Does client have access to this child? ☐ Yes ☐ No

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 <u>primary</u> parenting goal at this time?

Being better able to manage behaviour(s) of child(ren) ☐

Being better able to communicate with child(ren) ☐

Being better able to co-parent ☐

Being better able to manage daily tasks (hygiene, routine, nutrition, safety) ☐

Obtaining support to promote positive re-integration ☐

<u>Additional Notes</u>

_____

_____

_____

OFFICE USE ONLY

Client Contacted: _____

Telephone Notes

_____

_____

_____

_____

Boundary

☐ Client(s) In Bounds

☐ Client(s) Out of Bounds but able to come to PRC for support

☐ Client(s) Out of Bounds not able to come to PRC for support

Outcome

☐ Client(s) Lost-to-follow-up

☐ Client(s) Declined Service

☐ Client(s) Eligible for In-Home Support

☐ Client(s) Eligible for Circle of Security Parenting Intake

☐ Client(s) Eligible for CONNECT Parenting Intake

☐ Client(s) Ineligible for In-Home Support _____

☐ Referred to other services _____

_____

PRC Services Offered

☐ In-Home Support	☐ Accepted	☐ Considering	☐ Declined
☐ COS-P	☐ Accepted	☐ Considering	☐ Declined
☐ CONNECT	☐ Accepted	☐ Considering	☐ Declined

_____ _____

Parent Support Services Coordinator **DATE**