

Resilient Children and families Program Application



Date of Application: ___/___/___

General Information

Name of agency or program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact (name): _____

Phone#: _____ Email: _____

Staff

Please indicate the number of: Full-time employees: _____

Part-time employees: _____

How many staff members have been employed for:

10 or more years: _____

5 years: _____

2 years: _____

1 year or less: _____

What was your percentage of staff turnover in the last year? _____

Service or Program Description

Type of service provided (circle or highlight all that apply):

Early Care and Education

Parent Education

Child Care

Counseling/Behavioral Health

Home Visitation

Emergency Care

Case Management

Other: _____

Population Served:

Total # of families served: _____

Total # of parents served: _____

Ages and total # of children served:

Birth – 1 year _____

3-4 years of age _____

1-2 years of age _____

4-5 years of age _____

2-3 years of age _____

6-12 years of age _____

Total # of families served living at or below 200% of poverty: _____

Questions:

1. What would you hope to gain by being involved in the Resilient Children and Families program?
2. What are a few primary needs of the children and families you serve?
3. How do you encourage family involvement?
4. Describe your experience with quality improvement projects/initiatives.
5. What are some concerns or apprehensions you have about joining the resilient Children and Families Program?