



319 US Route 5 South, Norwich VT 05055
(802) 649-3268 (800) 639-0039

2023-2024 Families Learning Together (FLT) Application

An educational/training program to enhance parenting, job readiness and life skills.

Name: _____ Today's Date: _____

DOB: _____ Medicaid ID Number: _____

Residential Address: _____

Mailing address (if different): _____

Telephone number(s): Primary _____ Alternative: _____

Email address _____

If under 18, name of parent/guardian: _____

Parent/Guardian contact information (if different from above): _____

DEMOGRAPHIC INFORMATION

This section is completely optional. Please fill out the questions you are comfortable answering and leave blank any questions you do not wish to answer. All information you provide is confidential.

The Family Place collects this information about the individuals and families we serve so that we can:

- Interact respectfully with you.
- Develop inclusive and welcoming ways to engage and support you.
- More fully understand how best to meet your needs.
- Identify who we are reaching, as well as gaps – so we can address those gaps.

In addition, funders who provide financial support for the FLT program sometimes request demographic data. When we supply demographic data to funders, we only provide aggregate data (for example, 65% of participants are female, 30% of participants are male, 3% of participants are transgender females, 1% of participants are nonbinary, and 1% chose not to disclose their gender identity.) Demographic data provided to funders never includes identifying information such as name, date of birth or contact information.

Please share the following information using any language that works for you:

Racial/Ethnic Identity/ies: _____

Gender Identity (woman, man, trans woman/trans feminine, trans man/trans masculine, non-binary/genderqueer/gender fluid, two spirit, etc.): _____

Pronouns (she/her/hers, he/him/his, they/them/theirs, etc.): _____

Sexuality (straight, lesbian, gay, queer, bisexual, pansexual, asexual, etc.): _____

Marital Status: Single Married Living with partner Widowed Separated/Divorced

Partner's Name & Age _____

Partner's Racial/Ethnic Identity/ies: _____

Partner's Gender Identity (woman, man, trans woman/trans feminine, trans man/trans masculine, non-binary/genderqueer/gender fluid, two spirit, etc.): _____

Partner's Pronouns (she/her/hers, he/him/his, they/them/theirs, etc.): _____

CHILDREN/CHILDCARE

Children's Name(s)	Date of Birth	Medicaid Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your children currently enrolled in childcare? ☐ No ☐ Yes – Where? _____

If your children are between 6 weeks and 3 years, are you interested in the FLT childcare? No Yes
(If so, list names and ages of children to be enrolled below and complete childcare enrollment form at the end of this application.)

If you will not be using FLT childcare, can you arrange childcare while you are in FLT? Yes No

Do you have childcare subsidy in place? Yes No

Do your children have a regular pediatrician? ☐ No ☐ Yes – Who? _____

Do your children attend well-child checks? ☐ No ☐ Yes

Are your children up to date on their vaccinations? Yes ☐ No ☐ Chose not to vaccinate

Are you or your partner pregnant/expecting a child? No ☐ Yes – Due Date _____

If you are pregnant, have you established prenatal care? ☐ Yes ☐ No ☐ Not Pregnant

EDUCATION/WORK

What is the highest grade you completed: _____

What was the name of the last school you attended?: _____

Please list any other high schools that you have attended: _____

Were you on an IEP or 504 plan during school? No Yes (For what?) _____

Are you involved with any current education program? No Yes (Which one?) _____

Educational goals: _____

Have other members of your family (parents, grandparents, brothers, sisters):

Graduated from high school? ☐ Yes ☐ No

Attended college? ☐ Yes ☐ No

Graduated from college? ☐ Yes ☐ No

Are you currently employed? Yes No

If yes, where and how long have you been there? _____

What jobs have you had in the past? _____

What is the longest amount of time you have stayed in one job? _____

Employment goals: _____

FAMILY/COMMUNITY SUPPORTS

Are you currently involved in a program at The Family Place? Yes No

If yes, which program? _____

Who is your primary contact person? _____

Which of the following do you currently have in place?

TANF/Reach Up
Medicaid

Food Stamps
WIC

Are you currently involved with or receiving services from any other local agency? Yes No
If yes, where/with whom? _____

What are your current sources of income? _____

Are you able to meet your basic needs (food, clothing, etc) with your current income? Yes No

Do you have a current driver's license? Yes No Do you have a learner's permit? Yes ☐ No

Do you have a car? Yes No Do you have transportation to and from FLT? Yes ☐ No

What are your current barriers to transportation?

Suspended license ☐ Fines ☐ Need to take CRASH course ☐ Need to take driver's education

Need car repairs Need a car Need to register ☐ Need insurance

Other (please specify) car _____

Are you living in adequate housing (safe, clean, heated, etc.)?: Yes No

Do you feel safe in your current home?: Yes No

Do you currently live In your own home/apartment In a home you & your partner jointly own/rent
With family members In a home owned/rented by your partner
In transitional housing In a home or apartment shared with friends
Currently homeless and living with friends in a shelter in a motel
Currently homeless with no stable place to stay

Current Primary Care Physician: _____

Current OB-GYN (if pregnant) _____

Current Dentist: _____

Do you have any present or chronic medical conditions (high blood pressure, diabetes, allergies, depression, etc.)? No Yes (please list below)

Are you taking any prescription medication now? ☐ Yes ☐ No

If yes, indicate name of medication

Are you currently using birth control? ☐ Yes ☐ No

FLT PARTICIPATION

FLT includes the following components:

- Education (for those who need high school or are interested in college or other training programs)
- Support services through the Children's Integrated Services (CIS) program
- Crisis Support
- Worksite participation
- Parenting education
- Time in our Early Care & Education Classrooms
- Individual therapy (as needed/requested)
- Psychoeducation and Group Therapy
- Physical Education and Wellness Activities
- Budgeting
- Workplace readiness training
- Life Skills Classes
- Field trips/other educational experiences

Is there anything that would prevent you from participating in all of these components or are there any components that would be a struggle for you? No Yes

If you answered yes, please explain _____

FLT provides light breakfast snacks and a healthy lunch each day. Please list any food allergies or dietary needs. _____

Do you have any special needs or require any accommodation that we should be aware of? _____

If you have a child, you will be enrolled in the Children's Integrated Services (CIS) Family Support program as part of your enrollment in FLT. CIS Family Support provides parenting education and other supports (including the possibility of home visiting if desired) to parents with young children. Do you consent to enrollment in CIS services? No Yes

Please indicate if you are interested in individual therapy or in help accessing substance use treatment services.

Individual Therapy

Substance abuse counseling

☐ Recovery Group (e.g., AA, NA)

Return completed applications (and attachments) to:

Tonya McMurray
The Family Place
319 U.S. Route 5 South
Norwich VT 05055
Phone: 802-649-3268, ext. 108
Cell: 802-478-4912
Fax: 802-649-3270
Email: tonyam@the-family-place.org



FLT Parent Information

**(To be completed by the parent or guardian of all participants under age 18.
Please disregard if you are 18 or older.)**

Contact Information

Participant Name: _____

Name of parent(s)/guardian(s): _____

Parent(s)/Guardian(s) Phone: _____ Email: _____

Address _____

What is the best way to contact you? Phone Email Text

How would you prefer to receive schedules, transcripts and other written information?

Postal Mail Email Other _____

Which parent has decision making authority? _____ (Please provide a copy of your court approved parentage agreement or custody order.)

Noncustodial Parent's Name: _____

Noncustodial Parent's Phone: _____ Email _____

Address: _____

If the noncustodial parent would like to receive schedules or transcripts and other written information, please indicate the best way to provide that information:

Postal Mail Email Other _____

Field Trips/Off-Campus Activities:

Indicate below if you give permission for your teen to participate in activities off The Family Place campus.

Yes, my teen has permission to leave The Family Place campus for field trips and other off-site activities. I understand I will be provided information about such activities in advance and am responsible for notifying FLT staff if I have any objections to a planned activity.

I would prefer to sign permission slips on a case-by-case basis. Please send individual permission slips home prior to any scheduled off site activities.

Over the Counter Medications/Prescription Medications

The Family Place has some common over the counter medications on our campus. Please check below the over-the-counter medications you are comfortable with us giving to your child on an as-needed basis. (If items are not checked, we will call you for specific guidance should a need arise.)

☐ Tylenol/Advil ☐ Benadryl ☐ Sunscreen ☐ Tums/Antacids ☐ First-Aid Ointment/Cream

We ask that participants bring prescription medications only if they will need to take them while in attendance at FLT. Any prescribed medications must be in the original prescription container with the participant's name, the name of the medication and the name of the prescribing physician and must be accompanied by a note with precise instructions for the administration of the medication and your signature.

Open Campus Policy

Participants in the Families Learning Together program are expected to remain on campus for the entire FLT day with the exception of one scheduled break and transitions before and after lunch or at the end of the day. During these times, participants are allowed to walk along Olcott Drive and Route 5 to travel between our Olcott building where most classes occur and the main Family Place campus where our dining facility and childcare are located. These break times are not supervised.

Weather and Other Unplanned Closings

In general, The Family Place follows the Hartford School District for weather related closings. However, we sometimes close at times when Hartford schools remain open. It is our policy to call participants anytime we will be closed for weather or any other unplanned reason. Please indicate below **the best person** to notify of these closings. (Please indicate only one person. If you list more than one, we will notify the first person listed below.)

Please notify me at the following number _____

Please notify my teen directly at the following number _____

Please notify _____ at the following number _____

Communication

Once we have reviewed your teen's transcript, we will create an educational plan outlining the courses needed to complete the requirements of his/her home high school. We will review this with both you and your teen so you both understand the plan for their educational needs during the program. At the conclusion of your teen's first 10-week term in the FLT program, we will schedule a meeting with you and your teen (and others you choose to invite) to discuss progress within the program. In addition, you may request a meeting at the end of the school year if you have questions about next steps or plans for the following year. We will provide you a copy of your teen's schedule at the beginning of each 10-week term and a copy of his/her transcript at the completion of each 10-week term.

Please feel free to contact us with any questions or concerns you have about your teen and their participation in the program. We will provide you contact information for your teen's case manager so you can easily reach them for routine questions. In addition, you are always welcome to contact our FLT Coordinator, Tia Howard or our Clinical Director, Tonya McMurray.

Signature of Parent/Guardian

Date



Emergency Medical Care Permission

Participant Name: _____ Phone: _____

Home Address: _____

Allergies (Latex, bee stings, food allergies, etc.): _____

Reactions: _____

Special dietary requirements: _____

Medications used routinely: _____

Health concerns: _____

Doctors name: _____ Phone: _____

Please complete this section if you have a child that will be in the FLT childcare or that may be transported in the FLT van. If you have more than one child who will be in the FLT childcare, please use the back of this sheet to provide information for additional children.

Child Name: _____ Date of Birth: _____

Allergies (Latex, bee stings, food allergies, etc.): _____

Reactions: _____

Special dietary requirements: _____

Medications used routinely: _____

Health concerns: _____

Doctors name: _____ Phone: _____

1. I authorize TFP staff to administer simple first aid to me and/or my child(ren) when necessary.
2. I authorize TFP staff to obtain emergency medical care and transportation for me and/or my child(ren).
3. In the event of an emergency, the following people may be contacted, and, if necessary, I give permission for these people to assume temporary care of my child(ren) enrolled in the FLT childcare or with me in the FLT van.

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Participant (or Parent/Guardian if participant is under 18)

Date



Early Care & Education Program

Hours of operation: Monday through Friday, 8:00 a.m. to 4:30 p.m.

APPLICATION FORM – REQUEST FOR CHILD CARE

Return to:

The Family Place
c/o Kim Toland
319 Route 5 South
Norwich, VT 05055

Contact:

kimt@the-family-place.org
(802) 649-3268
(802) 478-4915

Date of request: ____/____/____

Staff initials: ____

Preferred starting date: _____

Child 1 Full Name: _____ Date of Birth: _____

Child 2 Full Name: _____ Date of Birth: _____

Caregiver 1 Name: _____

Email: _____

Phone #: _____

Address: _____

Employer: _____

Employer Phone #: _____

Caregiver 2 Name: _____

Email: _____

Phone #: _____

Address: _____

Employer: _____

Employer Phone #: _____

