



## **Family Resilience Program Description**

The PRC's Family Resilience Program (FRP) offers parenting support services that are client-centered and trauma-informed to all parents and caregivers in the Greater Ottawa area. The FRP provides parenting resources, parenting groups, situational counselling, advocacy, and collaboration with other professionals to support families. All families with children aged 0-18 are eligible.

Parenting children can be challenging because children do not come with a manual. The FRP team understands and aims to support parents in navigating children's development, healthy attachment, development of positive parenting skills and behavioural guidance. We help families access resources, gain new parenting skills and build trusting relationships with the children in their lives.

*Our In-Home Parenting Support is one-on-one and client centered. This support is provided in the environment the family is comfortable in, such as at home, virtually, at the Parent Resource Centre, or in a community space.*

*The PRC's In-Home Parenting Support team provides various parenting supports including (though not limited to) education on topics relevant to your unique circumstances, such as:*

- *Building healthy relationships between parents and children*
- *Child development and age-appropriate milestones*
- *Child behaviour guidance*
- *Managing temperament challenges*  
*(eg. tantrums, challenges transitioning, emotional or physical stressors)*
- *Establishing rules and routines*
- *Health and safety*
- *Parental stress and self-care*
- *Assistance with social service system navigation*
- *Advocacy/collaboration with other service providers*
- *Short-term situational counselling (as it relates to parenting stressors)*

The In-Home Parenting Support team supports parents and caregivers to increase their knowledge, skills and confidence in raising their children, including children with challenging behaviours, developmental delays, and/or mental health diagnoses.



## **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, virtually, community space or in group settings.

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

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

*FRP/Group* include attachment-based group interventions held virtually or at the Centre.

A client of the program will:

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

Register by:

- Scan and email the completed form to [frp@parentresource.ca](mailto:frp@parentresource.ca)
- Call us on: 613-565-2467 ext. 3 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, structural and social barriers

Register by:

- Scan and email the completed form to [frp@parentresource.ca](mailto:frp@parentresource.ca)
- Call us on: 613-565-2467 ext. 3 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. 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 to complete the in-take process.*

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: \_\_\_\_\_



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).

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**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:

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Crossroads  Past  Present  Waitlist

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

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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?**

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