

**Are you currently in danger of your partner or ex-partner doing any of the following:**

1. Physically hurting you by, for example, pushing, grabbing, slapping, hitting, choking or kicking?
2. Threatening to hurt you, your children or someone close to you?
3. Stalking, checking up on you or following you?
4. Making you afraid?

Yes (Please indicate the safest way to contact you)

\_\_\_\_\_

No (None of the above applies to me or I choose not to answer these questions at this time.)

**Check as appropriate:**

Enclosed is my payment of \$75.00

I am seeking a fee reduction. The number of people in my household for whom I provide support is \_\_\_\_\_. The annual gross income in my household is \$\_\_\_\_\_.

**Please note:** There will be a \$15.00 fee for returned checks.

**If you have questions, please call:**

Catholic Charities at (716) 896-6390

**Please return this form and payment to:**

Catholic Charities  
**Our Kids Parent Education and Awareness Program**  
1581 Bailey Avenue  
Buffalo, NY 14212  
**Fax: (716) 896-4236**

**Comments from Participants:**

*“Very helpful in understanding things from the kid’s perspective.”*



*“Before this group I had concentrated on how to get the other parent to change for the better – now I understand that I can only change myself and do my best to give my sons a good life. Thank you.”*



*“I actually looked forward to coming to class each week”*



*“This program had made the struggle of being a single/separated parent a little easier and really shown me that I am most definitely not alone.”*



*“This is a great course, it should be mandatory before a divorce is granted.”*

For more information:



**Our Kids Parent Education and Awareness Program**

1581 Bailey Avenue  
Buffalo, NY 14212

**(716) 896-6390**



Rev.3/21

**FAMILY & COMMUNITY SERVICES**

**OUR KIDS PARENT EDUCATION AND AWARENESS PROGRAM**



**Enrollment Form Inside**



1581 Bailey Avenue  
Buffalo, NY 14212  
**(716) 896-6390**

[ccwny.org](http://ccwny.org)

*Have you experienced conflict with your children's other parent or guardian when it comes to custody and/or access issues related to your children?*

*Have you thought about the effects of that conflict on your children?*

*Do you have questions about how separation or divorce has affected your children?*



If you answered yes to any of those questions, a parent education group may be for you!

**The Our Kids Parent Education and Awareness Program** is designed for any parent or guardian who wants to reduce conflict and parent effectively for their children.

Parents/guardians of the same children are placed in different groups, however each group consists of a mix of both custodial and non-custodial parents/guardians.

Grandparents and new partners are encouraged to attend.



## Group Specifics

Each group consists of 3 sessions totaling approximately 7.5 hours. Participants will receive a NYS PEAP Certificate of Compliance upon completion of the group.

Videos, discussions and role plays will be part of the group experience.

Topics will include:

- The impact of separation/divorce on children
- Child development and the implications for parenting after separation/divorce
- “Cooperative” and “parallel” approaches to co-parenting
- An overview of family law as it affects custody and visitation
- The impact of conflict on children
- Conflict management and problem-solving

## Location

This service is available to those who live in the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming County. Groups may be offered in person or virtually. We occasionally serve people from outside the WNY area. Please call us to inquire.

## Orders or Referrals

Please include a copy of your court order or referral with the application.

All referrals or orders can be sent to:

Catholic Charities  
Our Kids: Parent Education Group  
1581 Bailey Avenue  
Buffalo, NY 14212  
Fax: (716) 869-4236

## Confidential Enrollment Form

Along with the completed enrollment form please submit a copy of your court order/referral if applicable and the \$75 fee made payable to Catholic Charities of Buffalo, NY, unless you are seeking a fee reduction. All information will be treated as confidential.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of other parent/guardian (so you are placed in separate groups): \_\_\_\_\_

Number of children: \_\_\_\_\_

Referred by: \_\_\_\_\_

\_\_ Family Court and file/docket number: \_\_\_\_\_

\_\_ Supreme County and index number: \_\_\_\_\_

\_\_ Other/County of referral. Please specify: \_\_\_\_\_

**Please identify your availability (indicate first and second choices):**

\_\_ Tuesday evening group

\_\_ Saturday morning group

\_\_ Tuesday morning group

**Please identify your preference (indicate first and second choices):**

\_\_ In person group

\_\_ Virtual group

**You will be notified of the date and type of class you are enrolled in.**

(over)