

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 896-6390

or

E-mail: amy.morris@ccwny.org

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

What parents who attended OKPEAP say...

"I cannot control what my co-parent does or says. I am responsible for how I respond and for what kind of example I set for my children."



"I actually looked forward to coming to class each week."



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



"Very helpful in understanding things from the kid's perspective."

For more information:



Our Kids Parent Education and Awareness Program

Erie County

1581 Bailey Avenue
Buffalo, NY 14212

(716) 896-6390

Groups are partially funded by the NYS Office of Temporary and Disability Assistance.



Rev.11/18

FAMILY & COMMUNITY SERVICES

OUR KIDS PARENT EDUCATION AND AWARENESS PROGRAM

For separated and/or divorced parents



Enrollment Form Inside



Erie County Visitation and Court Related Services

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

Have you experienced conflict with your former partner 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?



If you answered yes to any of these questions, the parent education and awareness program may be for you!

The Our Kids Parent Education and Awareness Program is designed for parents and significant others who want to reduce conflict and parent effectively for their children.

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

Grandparents and new partners are encouraged to attend.



Group Specifics

Each group consists of two learning modules conducted in 4 weekly sessions. Module 1 consists of 3 weekly sessions totaling 7.5 hours. Module 2 consists of 1 session totaling 2.5 hours. Completion of Module 1 satisfies the requirements of orders or referrals from Family or Supreme court. Participants will receive a NYS PEAP Certificate of Compliance upon completion of Module 1. Parents are encouraged to attend both modules for maximum benefit.

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 parenting
- An overview of family law as it affects custody and visitation
- Conflict management and problem-solving

Location

In Erie County, groups are held in Buffalo, Hamburg and Amherst. Groups are also available at Catholic Charities sites in Allegany, Cattaraugus, Chautauqua, Genesee, Niagara, Orleans and Wyoming counties. Call us for more details at 896-6390.

Orders or Referrals

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

Confidential Enrollment Form

Please submit this form and applicable fee, made payable to Catholic Charities of Buffalo, NY (unless you are seeking a fee reduction), along with a copy of your court order/referral if applicable. All information will be treated as confidential.

Name: _____

Address: _____

City: _____ Zip: _____

Phone (work): _____

Phone (home): _____

Last 4 digits of Social Security #: _____

Name of other parent (so you are placed in separate groups): _____

Number of children: _____

Referred by: _____

__ Family Court - file/docket number: _____

__ Supreme Court - index number: _____

__ Other, please specify: _____

__ Email address: _____

Please indicate your first and second choices:

Buffalo

__ Tuesdays 9:30 a.m. - Noon

__ Saturdays 9:30 a.m. - Noon

Hamburg

__ Mondays 6:00 - 8:30 p.m.

Amherst

__ Tuesdays 6:00 - 8:30 p.m.

You will receive a letter advising you of the dates of the class in which you are enrolled and the class location.

(over)