Family Centered Services

Neighborhood Victim Advocacy Program -Children's Empowerment Group

Participating Child(ren):

Child's Name	Gender	Date of Birth	Resides with parents?	Accommodations?	Limited English?
			Both ☐ One ☐ None ☐	Mobility ☐ Hearing ☐ Vision ☐	Yes☐ No ☐
			Both ☐ One ☐ None ☐	Mobility ☐ Hearing ☐ Vision ☐	Yes ☐ No ☐
			Both ☐ One ☐ None ☐	Mobility ☐ Hearing ☐ Vision ☐	Yes ☐ No ☐
			Both ☐ One ☐ None ☐	Mobility ☐ Hearing ☐ Vision ☐	Yes ☐ No ☐

Do any of the children have any medical conditions? _____

Are they on any medications? _____

Do they have any allergies? ----------

Parent(s)/Guardian(s):

Name	Date of Birth	Primary language?	Relationship?	Possession of children?	Active custody/protective orders?	Safety concerns?
				Yes ☐ No☐		Yes ☐ No ☐
				Yes ☐ No☐		Yes☐ No☐
				Yes☐ No ☐		Yes ☐ No ☐
				Yes☐ No ☐		Yes ☐ No☐

Primary Contact Parent/Guardian: *

Name: _____ **Race or ethnicity (self-identified):** _____

Address: _____ **Phone#:** _____ **VM safe?** ☐ **Text safe?** ☐

Street Apt. # or Floor

_____ **Email:** _____ **Email safe?** ☐

City State Zip Code

*Participating children will **only** be released to primary contact parent/guardian unless an explicit agreement has been reached between primary contact parent/guardian and NVA prior to group.

Emergency Contact Name: _____ **Phone#:** _ _ _ _ _ _ _ _ _ _ **Relationship to child:** _____

Referrer's Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Phone#:** _ _ _ _ _ _ _ _ _ _ **Agency:** _____

Other Children in Home:

Child's Name	Gender	Date of Birth	Comments

Reason for referring child(ren) to group (details of exposure/victimization): _____

_____

_____

Any concerns about the behavior of any of the participating children? _____

Do all parents know child(ren) are attending group? ----------

If not, why? _____

Any known safety concerns at home or with child attending group? _____

_____

How are you hoping this group will help the child(ren)? _____

Group Rules:

I) If child(ren)'s behavior is uncontrollable or disruptive to group, they could be asked not to attend any more.
2) If your child is sick, please inform staff that day
3) Please remember that we are scheduled to end group at **6pm.**