

# Parent Partnership

**In this program, as an advocate, I have learned from other parents. Parents that have made decisions to protect themselves and to keep their children safe.**

Before, I ask you any questions, can I get you anything that might help you to feel more comfortable?

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We are sitting here together so we can talk about what you and your child(ren) may need while you stay here. *Your child(ren) may need to check in on you while we are talking... it just means they just want to know that everything is OK.*

- We will talk about ways that we may support you as their parent.
- We can take breaks or finish all in one sitting.
- I will try my best to answer any questions you may have.
- Most importantly though, I hope that you will share some of the most special things about each of your children.

We have learned so much from families who have spent time here -

We have learned that changes can create feelings of grief and loss that affect children no matter their age.

- Some children sleep better, some worse.
- Some children are more clingy and scared, while some want to play and have fun.
- It is important to know that each child has his or her own unique ways to communicate feelings about the changes that are happening.

We have an Informational Sheet about Trauma that I would like to share with you. This can offer you support and information about the changes, trauma reactions and feelings of loss that show up in babies, children and teens when they have lived experiences with domestic violence. (Describe both sides of the informational sheet.)

\_\_\_\_\_ Advocate

<b>Information</b>	
<b>Child's Name</b>	
<b>Age</b>	
<b>Date of Birth</b>	
<b>Gender</b>	

Can you help me know if there might be anything that you need in order to support your child since coming to stay here?

(This can be diapers, clothes or a something else. Or it can be medications, or other care?)

Type to enter text

**Does your child have allergies?**

<b>Food</b>	Yes		No	
<b>Peanuts</b>	Yes		No	
<b>Bees</b>	Yes		No	
<b>Tree Nuts</b>	Yes		No	

**Other**  
Describe any other allergies and information that will help us to address symptoms

Would you share if your child has any medical conditions that we should know about for his/her well-being?

Type to enter text

How will we know if there is a concern (symptoms)?

Type to enter text

What are the Medications?

Type to enter text

Where you able to bring the proper medications with you?

Yes

No

How can your child best be supported?

Type to enter text

Would you describe for me what your child enjoys? What makes them happy?

Type to enter text

If there is more than one child, be sure to ask about each child.

We know that your time here is only temporary, so we want to be sure that we do everything that we can to help strengthen the loving relationship between you and your child(ren). Is there something that you feel we could do, to accomplish this goal?

Type to enter text