TheClubhouse@AshleyTreatment.org
www.ashleytreatment.org/theclubhouse

Main: 410.273.2300
AshleyTreatment.org

The Clubhouse
by Ashley

THANK YOU FOR YOUR INTEREST IN THE STRENGTHENING FAMILIES PROGRAM.

Providing a loving and stable home to their children is what caregivers aim for and what children need to face the challenges of growing up. Creating such an environment can become difficult for caregivers when substance use disorders (SUD) come into play, either through themselves, their children or other family members/friends. This is why Ashley offers the Strengthening Families Program as part of its Adolescent Clubhouse services—to help families stay strong together.

Strengthening Families is an evidence-based family skills training program for families influenced by or at-risk for SUDs. The program operates from a strengths-based approach, seeking to empower the family unit.

As part of The Clubhouse by Ashley ("The Clubhouse"), the Strengthening Families Program focuses on helping caregivers strengthen and develop parenting skills that will help them provide the structure and boundaries the whole family needs to withstand SUDs. Together with the training the adolescents receive, the program improves family relationship skills and bonding, and fosters social competencies, healthy friendships and a decrease in aggression and depression in adolescents.

The Strengthening Families Program is an 11-week program consisting of one evening session per week and is free of charge. It conveys five key protective concepts:

1. Parental Resilience
2. Social Connections
3. Knowledge of Parenting
4. Child Development
5. Social and Emotional Competence of Children

While we are offering the SFP training program virtually, we will deliver meals to the participating families' houses for each scheduled session. We will provide supplies to all participant families prior to beginning the cycle. Once we can resume in-person services, all services will be offered at our physical space.

To learn more, please visit our webpages:

For information about The Clubhouse: www.ashleytreatment.org/theclubhouse

For information on the Strengthening Families Program: www.ashleytreatment.org/strengtheningfamilies

Please fill out this application and return it to The Clubhouse staff via email to: TheClubhouse@AshleyTreament.org and they will reach out to you to complete registration.

You must be registered to attend this free program.

Thank you!

The Clubhouse Team

Strengthening Families Information Request Application

If you are interested in participating or finding out more about this free program, please fill out the information below and email to TheClubhouse@ashleytreatment.org. A staff member of The Clubhouse by Ashley ("The Clubhouse") will contact you upon receipt.

Important: Completing and submitting this application does not secure your space in the program. If selected, you will be contacted by a staff member of The Clubhouse. Space is limited due to funding. Thank you!

Once we can resume in-person services, all Clubhouse services, including the meals, will be available at our physical space – location to be announced.

Date: _____

Referred By: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Gender: _____

Race:

- ☐ Black/African American
- ☐ Asian or Pacific Islander
- ☐ Multiracial
- ☐ White
- ☐ Hispanic/Latino
- ☐ Other

Please name your spouse or significant other who will be attending: _____

Gender: _____ Phone: _____

Please list the names and ages of all your adolescents that are between the ages of 12 and 17 years old (18 and above if still in high school) who will be attending.

Adolescent #1

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

- ☐ Black/African American
- ☐ Asian or Pacific Islander
- ☐ Multiracial
- ☐ White
- ☐ Hispanic/Latino
- ☐ Other

Name of School Your Adolescent Is Attending: _____

Continued on next page...

Adolescent #2

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

☐ Black/African American ☐ Asian or Pacific Islander ☐ Multiracial

☐ White ☐ Hispanic/Latino ☐ Other

Name of School Your Adolescent Is Attending: _____

Adolescent #3

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

☐ Black/African American ☐ Asian or Pacific Islander ☐ Multiracial

☐ White ☐ Hispanic/Latino ☐ Other

Name of School Your Adolescent Is Attending: _____

Adolescent #4

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

☐ Black/African American ☐ Asian or Pacific Islander ☐ Multiracial

☐ White ☐ Hispanic/Latino ☐ Other

Name of School Your Adolescent Is Attending: _____

Adolescent #5

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

☐ Black/African American ☐ Asian or Pacific Islander ☐ Multiracial

☐ White ☐ Hispanic/Latino ☐ Other

Name of School Your Adolescent Is Attending: _____

Continued on next page...

Adolescent #6

Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

Race:

- ☐ Black/African American
- ☐ Asian or Pacific Islander
- ☐ Multiracial
- ☐ White
- ☐ Hispanic/Latino
- ☐ Other

Name of School Your Adolescent Is Attending: _____

CONSENT TO CONTACT

I am interested in talking to someone about the Strengthening Families Program. I give permission for them to contact me regarding this program.

Name: _____ Date: _____

Signature: _____