



PREFERRED
BEHAVIORAL HEALTH GROUP
An Oaks Integrated Care Affiliate



Mission: To deliver quality and compassionate behavioral services to individuals and families all the time.

Values: Compassion, honesty, accountability, integrity, respect, and cultural competence.

ADDITIONAL PROGRAM HIGHLIGHTS:

- *Family dinner served at each session
- *Incentives given to all participating families
- *Childcare provided for children under 5 years old.

CONTACT INFORMATION:

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Funding provided by:
Monmouth County Division of Mental
Health and Addiction Services

prevention first
A Division of Preferred Behavioral Health Group

Strengthening Families Program:

FREE Family-Focused Program

Strengthening Families is a nationally researched program providing skill-building sessions and fun activities that will help with the toughest job in existence: **BEING A PARENT!**

The **Strengthening Families Program (SFP)** welcomes families with at least one child that falls under one of the age-appropriate groups: 3-5, 6-11 or 12-16 years old.

All participants benefits:

Parents/Caregivers:

Learn to encourage healthy behaviors and promote effective discipline.

Youth:

Learn to cope with stress and resist peer pressure.

Families:

Learn how to build family communication and develop family values.

Strengthening Families Program Referral Sheet

Names of adults in your family being referred:

Current Status: single married separated divorced widowed

Address _____

Home Telephone _____ Best time to call _____

Work Telephone _____ Best time to call _____

Cell Phone _____ Best time to call _____

Please list the requested information for all children/youth in the family that will participate in the program: (childcare for children under age 3 will be provided):

| Name of child: | Date of Birth: | Relationship to Adult: | Behavioral and/or Medical concerns we should be aware of: |
|----------------|----------------|------------------------|---|
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Does any family member have a food allergy? If so, who and to what _____

Referred to the Strengthening Families Program by:

Former SFP Participant Other Self

| Name of person(s) referring: | Contact Information |
|------------------------------|---------------------|
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