

About Children's Bureau, Inc.

The CPCS program is administered by the Children's Bureau, Inc. Children's Bureau is a social service organization providing services in the areas of independent living, adoption, parenting assessment, family preservation, supervised visitations, shelter care and foster care recruitment and training. Founded originally in 1851, Children's Bureau, Inc. is a private, non-profit 501(c)3 child and family services agency, licensed by the State of Indiana. Children's Bureau offers all services without regard to race, religion, nationality, economic status, sex or handicap.

CHILDREN'S BUREAU MISSION

We help Indiana children in need.

CHILDREN'S BUREAU VISION

To develop a healthy family for every child.

ACCREDITATIONS

Council on Accreditation of Services for Families & Children (COA)

LICENSED

Indiana Department of Child Services

AFFILIATIONS

United Way of Central Indiana
(Charter Member)
United Way of Johnson County
United Way of Madison County
Indiana Youth Services Association
Child Welfare League of America
(Founding Member)
IARCCA: An Association of Children & Family Services

Children's Bureau, Inc. meets the standards of the Better Business Bureau's Charity Wise Standards for Accountability.

Community Partners--Region 9
1600 East Main St., Suite 301
PO Box 192
Danville, IN 46122-0192

Toll Free 866.431.4451

Phone: 317.745.6496

Fax: 317.745.6502

Email: mfairchild@childrensbureau.org



Children's Bureau

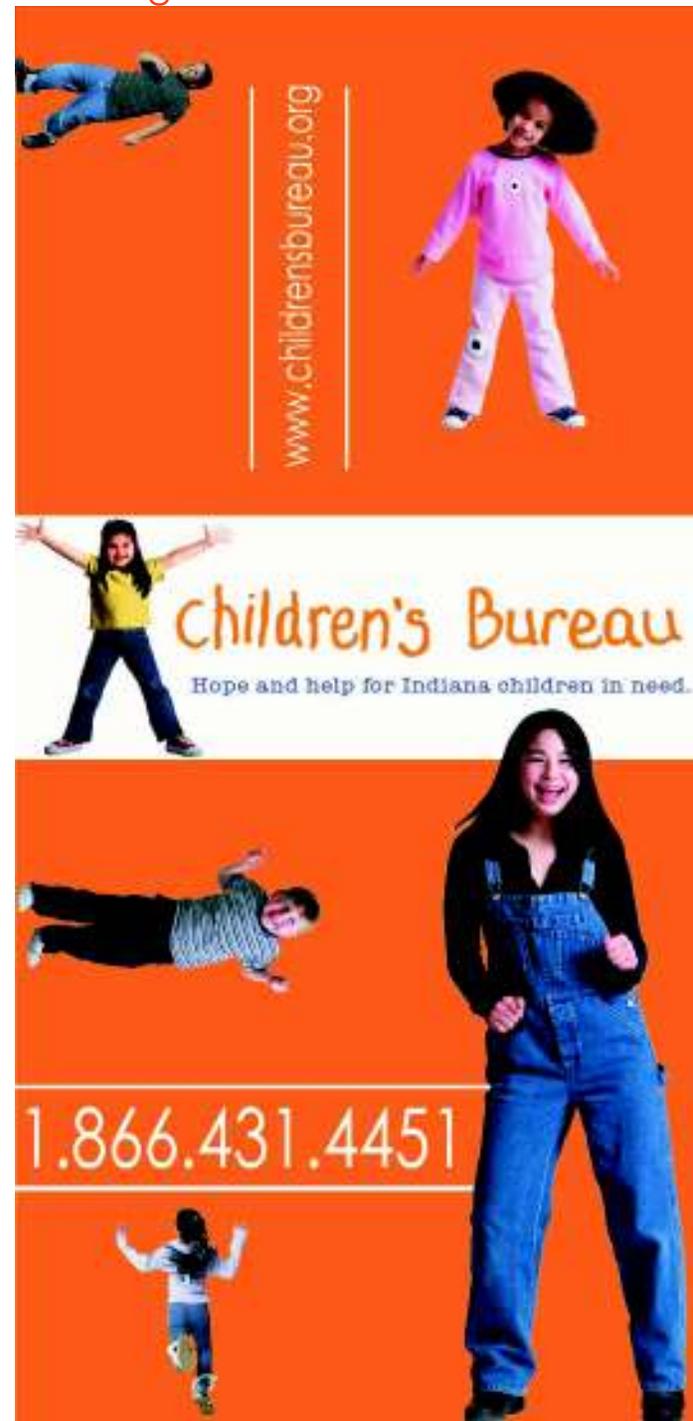
Hope and help for Indiana children in need.



www.childrensbureau.org

COMMUNITY PARTNERS

Help for Families with Children in Boone, Hendricks, Montgomery, Morgan and Putnam Counties



About Community Partners for Child Safety (CPCS)

- Free and Voluntary

Provide Families with Information, Resources and Referrals.

- In-home visitation program.
- Community Liaisons (case managers) assist families in developing and meeting specific family-centered goals.
- Liaisons help families discover and connect with local community supports and services.

Why Community Partners?

- Being a parent is a tough job!!
- Sometimes children need help getting connected with youth programs and resources.
- Families need options and choices before there is a crisis.

CPCS can support your family and provide local resources for issues with the school your child attends, medical or mental health needs, basic needs, parenting education, or any other area of need.

Who is Eligible?

- Families with children 0-18 that reside in Boone, Hendricks, Montgomery, Morgan and Putnam counties.
- Families that are not actively involved with the Department of Child Services or Healthy Families.

Our Promise to You!

- Families are in-charge of the process.
- Focus on your strengths.
- Support/assist you in accomplishing your goals.
- Connect you with resources and programs that you may not realize exist.

What we provide

- Service Coordination
- Information and Referrals
- In-home Case Management
- Advocacy for the Family

We are just a phone call and doorstep away!

**CALL TODAY
866.431.4451**

**OR
317.745.6496**



**Please detach and return this form to:
Community Partners--Region 9
1600 East Main St., Suite 301
PO Box 192
Danville, IN 46122-0192**

Name: _____

Child(ren)'s Name(s): _____

Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell _____

Are you currently involved with Healthy Families
Yes ____ No ____

Are you currently involved with Child Protective Services
Yes ____ No ____

Please check the areas in which you would like more information or are needing assistance:

| | |
|--|--|
| <input type="checkbox"/> Basic Needs (food, housing, and clothing) | <input type="checkbox"/> Pregnancy/Birth |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> School | <input type="checkbox"/> Health Needs |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Budgeting | |
| <input type="checkbox"/> Parenting | |
| <input type="checkbox"/> Other _____ | |

Where did you learn about us from _____

Voluntary Consent

I, the undersigned, authorize the release of the above stated information to the Community Partners for Child Safety. I further understand that this is not an acceptance of services and that the Community Partners for Child Safety has an ethical obligation to respect my right to privacy through the handling of information in a confidential manner. I further understand that a representative of the Community Partners for Child Safety will contact me within five working days. By signing this form I hereby consent to authorize the release of information aforementioned.

Signature

Date