

About Children's Bureau, Inc.

Children's Bureau is a social service organization that provides prevention and intervention services to at-risk children and families. Founded 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.

Our Mission

Preserving families and protecting the future of Indiana's children.

Our 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
- IARCA: Indiana Association of Resources & Child Advocacy

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

All services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.



Community Partners - Region 11

15530 Herriman Blvd.
Noblesville, IN 46060

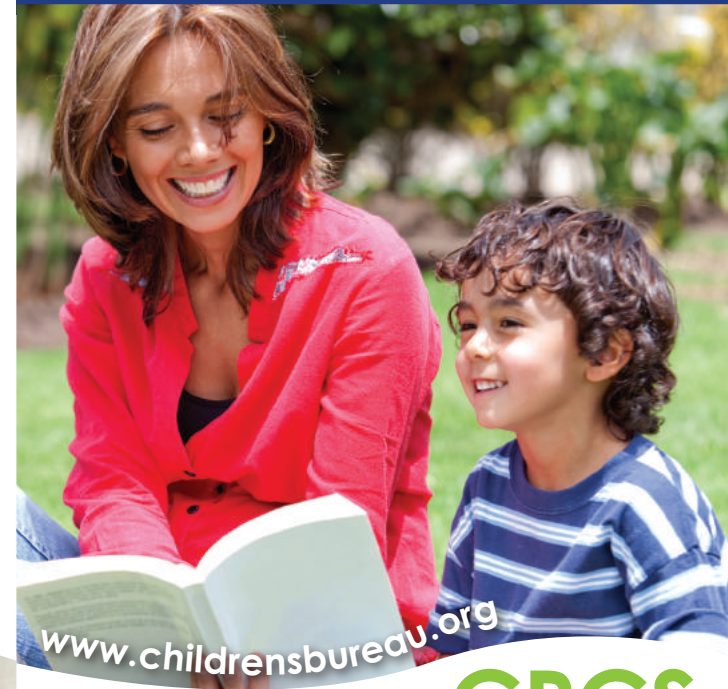
Toll Free: 866.431.4458

Phone: 317.770.8328

Fax: 317.773.4207

Email: region11@childrensbureau.org

**We bring
community resources
to your doorstep!**



www.childrensbureau.org

CPCS

Children's Bureau, Inc.
Community Partners for Child Safety
Serving Hamilton, Hancock, Madison & Tipton Counties



866.431.4458



About Community Partners

What We Do

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

What We Provide

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

Who's Eligible?

- Families with children 0-17 years of age that reside in Hamilton, Hancock, Madison and Tipton counties
- Families not actively involved with the Department of Child Services or Healthy Families

Why Community Partners?

- It is free and voluntary.
- Children need to get connected with youth programs and resources.
- Families need options and choices before there is a crisis.

Community Partners 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.

Our Promise to You

- Families are in charge of the process.
- We will focus on your strengths.
- We will support/assist you in accomplishing your goals.
- We will connect you with resources and programs that you may not realize exist.

Visit www.childrensbureau.org/cpcs-11-referral to submit this form online or detach and return to:

Community Partners – Region 11

15530 Herriman Blvd. | Noblesville, IN 46060
 Fax: 317.773.4207 | Email: region11@childrensbureau.org

Name: _____

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

Address: _____

City: _____ Zip: _____

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

How did you learn about us? _____

I, the undersigned, authorize the release of the above stated information to Community Partners. I further understand that this is not an acceptance of services and that Community Partners 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 Community Partners will contact me within five working days. By signing this form, I hereby consent to the release of the information above.

Signature: _____

Date: _____