



Family Strengthening Program

APPLICATION

Family Strengthening Program Overview

The Family Strengthening Program (FSP) is a farm-based residential program providing short-term transitional housing and life skills training for families who are homeless or at risk of homelessness due to domestic violence, substance abuse and economic issues. With a focus on the whole family, the program provides opportunities for daily learning in a safe neighborhood and farm environment for families to achieve outcomes related to developing healthy life skills and self-sufficiency skills, improving parenting skills, furthering education, obtaining gainful employment, and ultimately transitioning to housing in the community.

The average duration of program participation is six to eighteen months. Shared housing is provided on-site at The Maui Farm (TMF), with monthly rental fees determined on size of the family.

Described below are the eligibility criteria for the FSP and some basic program information. This application is used to determine whether your family is eligible and whether the FSP can offer your family the support and assistance you desire. The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation. You have the right to not answer any question you believe is not necessary to determine eligibility.

Application Process

1. Complete Application and submit via mail, email or in-person.
2. Phone interview with Residential Program Manager.
3. If eligible, in-person interview and overview of FSP Policies & Procedures with Program Staff.
4. Pending available space and if accepted, create move-in plan with Residential Program Manager and referring partner service provider.

Completed Applications may be sent to: PO Box 1776, Makawao, Hawaii, 96768 or shayna@themaufarm.org. If you have any questions please call (808) 579.8271.

Thank you for your interest and we look forward to hearing from you soon!



ELIGIBILITY CRITERIA

Determination of acceptance into the Family Strengthening Program (FSP) will be made on a case-by-case basis, based on the following minimum criteria and guidelines.

Check box for each of the following that apply to you:

- I am a mother whose children physically reside with me at least 50% of the time
- I am homeless, at-risk of homelessness, or struggling to remain adequately housed
- I am able and willing to live in a drug- and alcohol-free neighborhood, and poses no threat to the safety and well-being of other individuals and families at TMF
- I am referred by the following partner service provider (check all that apply):
 - Women Helping Women
 - Ka Hale A Ke Ola
 - Malama Family Recovery Center
 - Family Life Center
 - Other: _____
 - I am self-referred

Voluntary Services

As a participant of the Family Strengthening Program your family is encouraged to:

- Meet with the Residential Programs Manager on a regular basis
- Develop a Family Transition Plan that details measurable goals, services, activities and timelines
- Participate in Community Gardening activities on Wednesdays from 9 – 11 am
- Participate in Malama Pono'i, empowerment group, on Wednesdays from 2:30 – 4 pm
- Participate in Keiki Club farm activities on Wednesdays from 2:30 – 4 pm
- Participate in at least one Weekend Farm Kuleana day per month
- Let Program Staff know if there are any services you are interested in that are not being offered



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FAMILY STRENGTHENING PROGRAM APPLICATION

Referral Source (to be completed by partner organization, if applicable)	
Organization Name:	Employee Name:
Phone:	Email:

Applicant Information		
First Name:	Last Name:	
DOB:	Age:	Gender:
Phone:	Email:	
Mailing Address:	City:	State:
Preferred language:	Are you able to understand (verbal and/or written) English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best way to contact you: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Mail		

Children				
Name:	DOB:	Age:	Gender:	School/Grade:

Current Living Situation	
Where are you currently staying?	<input type="checkbox"/> Rental, no housing subsidy <input type="checkbox"/> Rental, with housing subsidy <input type="checkbox"/> Owned <input type="checkbox"/> Other transitional living program <input type="checkbox"/> Other temporary shelter <input type="checkbox"/> Other _____
<input type="checkbox"/> Domestic violence shelter <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Relative's home <input type="checkbox"/> Friend's home	
How long can you stay where you are now?	



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Is your current living situation safe?



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1. How did you hear about The Maui Farm's Family Strengthening Program?

2. Please describe your 'ohana, including strengths and values.

3. What challenges and needs do you anticipate in the next year?

4. What goals would you like your 'ohana to achieve in the next year?

5. How will your participation in TMF's Family Strengthening Program support your goals?

6. Please describe any questions or concerns you have about the Family Strengthening Program.



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Support Services, Agencies & Organizations		
What agencies or organizations are you working with? (Women Helping Women, Family Life Center, MEO, Malama Family Recovery Center, Ka Hale A Ke Ola, etc.)		
Organization Name:	Contact Person:	Phone:

If you are not accepted into our Family Strengthening Program, we can still provide information on a variety of community resources and services. Please describe any services or support you would like to receive information about (i.e. employment assistance programs, public assistance, youth activities, parenting support, etc.).

Applicant Signature

Date

Please note that this is an application and does not constitute acceptance into the Family Strengthening Program. If you are eligible, a follow-up meeting will be scheduled, and additional information may be requested. Mahalo!

OFFICE USE ONLY

Date application received: _____

Referring agency: _____

Accepted into Transitional Housing? Yes No

If yes, date was applicant was notified: _____

Date accepted/move-in: _____

If not accepted, date applicant was notified: _____