Department of Corrections
WASHINGTON STATE

Strength in Families Program

STRENGTH
in families

Please read this information before you fill out the application for Strength in Families (SIF).

Our Mission: *To partner with reentering parents in the development of skills and knowledge that focus on positive parenting, healthy relationships and economic stability in order to create safe, stable and nurturing environments for children and families.*

Our Vision: *We envision children living in safe homes, having a positive relationship with parents and care-providers, and being supported by families who have the skills and access to the resources and services needed to thrive.*

Program Purpose

The SIF program provides participants with skills and resources to successfully navigate their reentry into the community. We help fathers by offering classes on parenting, healthy relationships, education and employment. Each participant will be provided a Case Manager who will begin partnering with them and their family (if applicable) pre-release. Participants releasing to Pacific, Skamania, Wahkiakum, Clark, Cowlitz, Pierce, Thurston, Lewis, Kitsap, Mason, Grays Harbor and King Counties will continue to receive SIF case management services post-release. The program can help families come together again after being separated, but the goal of the program is not always to reunite families right away, or even in the long run. Instead, the most important goal is to support stable and safe environments for children and families.

Program Services

Participants start the SIF Program at approximately 9-12 months prior to their release or transfer to an alternative confinement program and may continue up to 6 months post-release/transfer. *There are some exceptions to these timeframes which are considered on a case-by-case basis.* SIF staff team up with the instructors providing specific classes for reentering parents while the Case Managers are providing strength-based case management with a focus on family engagement and/or reunification when it is safe to do so. This case management could include home or community visits post release/transfer.

The SIF program instructors offer two pre-release classes:
- **Parenting Inside Out (PIO)**
- **Walking the Line (WTL)**

Other services provided by SIF program:
- Graduation and certificate upon PIO completion (parenting classes are required by CPA and often by judges presiding over dependency cases)
- Class completion certificate for WTL
- Assistance and navigation of the Community Parenting Alternative (CPA) application and screening process
- Assistance and navigation of the Graduated Reentry (GRE) referral process

- Assistance with locating housing (in conjunction with your Classification Counselor

- Assistance in addressing child support matters
- Facilitation of communication and involvement with the dependency court process (CPS/DCYF)
- Assistance with parenting plans and other family court matters
- Transportation assistance
- Education and employment referrals and resources
- Reentry resources
- Chemical dependency treatment referrals
- Mental health treatment referrals
- Etc.....

Eligibility

We accept applications for review up to 36 months prior to release.
- Must be a biological father, guardian, expectant father, adoptive father, or stepfather of a minor child. There are exceptions for 18 and older children if the child is still in school or has a developmental disability
- Cannot have any current or past criminal convictions against a child that were committed as an adult

In addition, the SIF Program:
- is completely voluntary
- provides class materials
- provides peer support
- does not offer early release
- does not require that participants be in a relationship with or have contact with their children; and
- does not require or have any effect on child custody or visitation

Acceptance

If interested, please complete the attached application, and return it to your Classification Counselor or SIF staff member. Acceptance into the program is not guaranteed. Each applicant will be screened, and eligibility will be based upon available slots, release date, community safety and criminal history. You will be notified via kiosk whether or not you are accepted into the program.

If you or your family members have questions about the SIF Program, please send them to the SIF Mailbox strengthinfamilies@DOC1.WA.GOV

Keep these first two pages for your information and please return the following pages.

Department of Corrections — Washington State

Strength in Families Program Application

Thank you for your interest in the Strength in Families program! The purpose of this application is to gather some basic information about you and your child(ren).

Name:	DOC Number:	Date:
Expected County of Release:	ERD:	Facility:

*Please provide the following information for your child(ren) **Utilize the back of this page for additional children's names***

CHILD 1 (Youngest Child)

Name:	DOB or Age	SEX	Relationship to child (ex: father, stepfather):
Name of adult that your child resides with:			Relationship of the adult to your child (ex: mom, uncle):

CHILD 2 (Second Youngest Child)

Name:	DOB or Age	SEX	Relationship to child (ex: father, stepfather):
Name of adult that your child resides with:			Relationship of the adult to your child (ex: mom, uncle):

CHILD 3 (Third Youngest Child)

Name:	DOB or Age	SEX	Relationship to child (ex: father, stepfather):
Name of adult that your child resides with:			Relationship of the adult to your child (ex: mom, uncle):

CHILD 4 (Fourth Youngest Child)

Name:	DOB or Age	SEX	Relationship to child (ex: father, stepfather):
Name of adult that your child resides with:			Relationship of the adult to your child (ex: mom, uncle):

Is your legal status as a parent being challenged or revoked with any of your children, for example: CPS involvement, dependency hearings, foster care, adoption, or guardianship? *SIF staff may be able to provide assistance with these issues.* Yes ☐   No ☐

If yes, please provide brief summary of your situation: _____

_____

_____

Are you aware of any current 'No Contact Orders' between you and your children or your children's caregivers and/or biological mother(s) of your child(ren)?
Yes ☐   No ☐

If yes, please list name(s) and any other relevant information: _____