PARENT PARTNER APPLICATION PACKET

- ❑ Cover Letter
- ❑ Mission Statement
- ❑ Application Cover
- ❑ Knowledge and Self- Assessment
- ❑ Parent Partner Job Description
- ❑ Power Point Handout

COUNTY OF ROCKLAND
DEPARTMENT OF SOCIAL SERVICES
The Dr. Robert L. Yeager Health Center
Building L - Sanatorium Road
P.O. Box 307
Pomona, New York 10970-0307

C. SCOTT VANDERHOEF
County Executive

Telephone: (845) 364-2000
Commissioner

SUSAN SH

Dear Friend:

The Rockland County Department of Social Services received a five- year federal grant to enhance our Next Steps program. Next Steps began in 1998 as a welfare-to-work program for single mother's who have children under the age of three. The grant we received, known as the Next Steps TANF/Child Welfare Collaboration Project, enables us to serve women who have child welfare cases. The women may have a Preventive Worker, CPS involvement and/or a child(ren) in foster care. The program can be used to divert removal of children by CPS and to facilitate stronger and quicker reunifications for children in foster care. We continue to serve women who are only on Temporary Assistance and do not have any child welfare involvement.

A Parent Partner/Mentor program is being developed by the Next Steps program and the TANF/Child Welfare Collaboration to provide resources in the community that increase a family's ability to be self-sufficient, support child safety and permanency and support family and child well being. We are looking for individuals in the community who have life wisdom and life experience to share with Next Steps graduates ages 18 – 42. Graduates of the program are looking for people who can advise, support and assist them on issues and information related to:

- The Rockland County Department of Social Services
- Parenting
- Job market and dealing with issues in the world of work
- Educational system and advocating for your child
- Adult and child health care and self-help

Attached is an informational packet and application to become a parent partner. If you have any questions please call Laura Woolis at 364-2899.

We look forward to hearing from you.

Laura Woolis
Project Director

ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES

TANF/CHILD WELFARE COLLABORTION PROJECT

PARENT PARTNER/MENTOR PROGRAM

MISSION STATEMENT

"The Mission of the Next Steps Parent Partner/Mentor program is to have knowledgeable individuals and groups empower parents with a supportive network based upon experience, resources and services to ultimately achieve a stable, thriving and self-sufficient family unit."

ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES

TANF/CHILD WELFARE COLLABORTION PROJECT

PARENT PARTNER/MENTOR PROGRAM

APPLICATION

Name:	☐ Female ☐ Male
Mailing Address:	Home Phone: Work Phone: May we contact you at work?
E-Mail Address:	Cell Phone:

Overview:

The Parent Mentoring program matches volunteer parent partner/mentors from the community with parents who are graduating, or have already graduated from, the Next Steps Program. The purpose of the program is to support parents who are transitioning from welfare – to – work and/or have involvement in the child welfare system.

Position Summary:

Focusing on the goal of enhancing and improving outcomes for families, Parent Mentors are role models who provide guidance based on a combination of training and personal knowledge and experience. Empowering and coaching parents is an important aspect of this program.

Required Knowledge, Skills and Abilities:

1. Values involvement in a multicultural and diverse organization.
2. Strives to be culturally competent.
3. Strong commitment to the population served by the program and to seeing parents succeed.
4. Ability to communicate in a professional manner, both orally and in writing.

5. Ability to advocate for others.
6. Organizational and time management skills.
7. Ability to maintain professional and personal boundaries and to handle confidential information.
8. Openness to feedback and supervision.
9. Ability to handle sensitive information and situations in a calm and professional manner.
10. Ability to view people from a strengths-based perspective.
11. Willingness to work as a member of collaboration.

Duties and Responsibilities:

1. Develop a trusting relationship with assigned parents.
2. Contact and visits with parents that are mutually agreed upon.
3. Support parents in developing positive parenting and workplace skills.
4. Support parents with knowledge of community resources.
5. Support parents in making positive choices.
6. Empower parents to advocate for themselves and their family.
7. Coach parents in understanding the boundaries and expectations of the Department of Social Services.
8. Attend court and /or meetings as support when requested by parents.
9. Attend scheduled mentor support group meetings.
10. Document contacts and visits with parents.
11. Attend all trainings as required.
12. Maintain confidential information.
13. Facilitate training as required.
14. Participate in advisory committees as required.
15. Give presentations to various community groups.
16. Models and encourages direct, professional communication.

Education and Experience Requirements

1. A minimum of two years clean and sober.
2. High school diploma or GED, **OR** high school level writing and reading skills.

Parent Partner/Mentor
Assessment Questionnaire

	Yes	No	Somewhat	Willing to Learn
Self Awareness and Supports				
a. I have a strong personal support system of friends and/or family that I can rely on for support.				
b. I have talked to the people who care about me, such as family friends, and they are supportive of my interest to become a Parent Partner/Mentor.				
c. I am sympathetic to others problems without feeling that I will get pulled into their personal situation.				
d. I am someone who is able to step outside of my own life experience and see the world through the eyes of another person.				
e. I am able to relate to people in a non-judgmental way				
f. I am willing to mentor in a culturally competent manner.				
Being a Parent Partner/Mentor				
a. I feel my life and/or work experiences will help me be supportive other families.				
b. I feel comfortable meeting new people one-on-one.				
c. I feel comfortable speaking up and expressing my views with a group of people in a meeting.				
d. I have time available at least once a week to spend serving as a Parent Partner/Mentor.				
e. I have a network of people in DSS and other agencies whom I can use as an informational resource if necessary.				
f. I know how to access information and how to network.				
g. I am aware of the various programs within the department of social services: *Please (check any that apply).* ❑ Food Stamps ❑ HEAP ❑ Housing ❑ Medicaid ❑ Subsidized Child Care ❑ Temporary Assistance ❑ WIC				

	Yes	No	Somewhat	Willing to Learn
h. I am somewhat knowledgeable about budgets, taxes and insurance.				
I. I have knowledge of Public Transportation and Scheduling				
j. I am knowledgeable about the Department of Motor Vehicles.				
Job Market Knowledge and Skills				
a. I have knowledge and experience in resolving difficult workplace situations with co-workers and supervisors.				
Education				
a. I can advise Parents about preparation and registration for school.				
b. I have knowledge about Child Care Resources of Rockland				
c. I can advise Parents on continuing education, grants, and student loans.				
d. I am aware of Educational Resources in Rockland for People with Disabilities.				
Parenting				
a. I have knowledge about various health issues such as insurance, doctors, immunizations, etc.				
b. I have good time management skills				
c. I am aware of parenting resources such as: *(please check any that apply)* ❑ Parent Child Centers ❑ Early Intervention ❑ Youth Bureau ❑ Youth Centers				
Women's Care/Self-Help				
a. I have knowledge about*: (please check any that apply)* ❑ Accessing InfoRock (Information Rockland) ❑ Clothing Assistance ❑ Domestic Violence Resources ❑ Emergency Shelters ❑ Food Pantries ❑ Health Care/Hygiene ❑ Mental Health Resources ❑ Planned Parenthood ❑ Substance Abuse				

	Yes	No	Somewhat	Willing to Learn
Role or Activity				
a. Attend and participate on workgroups and committees				
b. Speak to a large audience at a conference				
c. Speak to small group or at a training				
d. Be present in a courtroom to support families				
e. Attend meetings with families and their caseworkers or other agency staff				
f. Accompany individuals to appointments, meet the teacher, IEP meetings etc.				
g. Other (please specify)				

In a brief paragraph please tell us about your interest in becoming a parent partner.

Background

In 2006, the Rockland County Department of Social Services received a five-year Federal grant to enhance our Next Steps Program. Next Steps began in 1998 as a TANF (Temporary Assistance for Needy Families) Welfare-to-Work program for single mothers with very young children. The program accepts women age 18 and older with children under the age of four. The grant, known as the Next Steps TANF/Child Welfare Collaboration Project, enables us to serve women and children who are TANF recipients and/or have Child Welfare involvement and/or are at 200% of poverty level. Our goal is to increase self-sufficiency, keep children with their families and enable families to raise children free from abuse or neglect.

For More Information

For more information about the Next Steps Parent Partner/Mentor Program, please contact:

Elizabeth Galderisi-Kohlmeier
Next Steps Program Coordinator
845-364-3724
Elizabeth.Kohlmeier@dfa.state.ny.us

Sponsored by:

Next Steps TANF/Child Welfare Collaboration Project

Rockland County
Department of Social Services
Sanatorium Road—Building C
P.O. Box 307
Pomona, NY 10970
Laura Woolis, Project Director
Phone (845) 364-2899
Fax (845) 364-3240
Email: WoolisL@co.rockland.ny.us

2/10

TANF/CHILD WELFARE COLLABORATION PROJECT

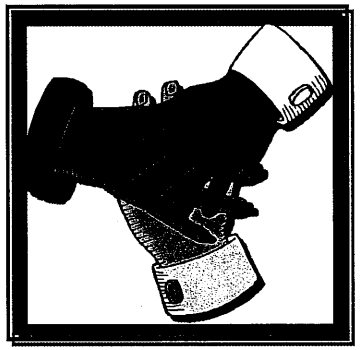
NEXT STEPS

PARENT PARTNER/MENTOR PROGRAM

What is Next Steps?

What does a Parent Partner/Mentor do?

How can you get involved?



What is Next Steps?

Next Steps is a Department of Social Services program located at the Robert L. Yeager Health Center for any woman 18 years of age or older, with a child 6 weeks to 4 years old, who is TANF eligible, or at 200% of poverty level and/or is involved with Child Welfare. The program offers:

- On-site child care provided by West Street Child Care Learning Center
- Time for "Mommy and Me" and study time for mothers
- Comprehensive coordinated services
- Computer Training
- Academic classes including GED prep and literacy
- Multi-services for non-custodial fathers and other important males in the life of a child
- Employment Readiness training, including a job developer
- Self-development workshops

Next Steps empowers families to be self-sufficient and raise children with optimal physical, developmental and emotional health.

What does a Parent Partner/Mentor do?

We are looking for volunteers in Rockland County communities who have life wisdom and life experience to share with Next Steps participants and graduates. We need individuals who can be a role model, provide guidance and an attentive ear, advise, support, and assist on issues and information related to:

- Programs, services and resources in Rockland County
- Parenting
- Job market and dealing with issues in the world of work
- Educational system and advocating for your child
- Adult and child health care and self-help

How can you get involved?

To get involved, please contact:
Elizabeth Galderisi-Kohlmeier at
(845) 364-3729 or email
Elizabeth.Kohlmeier@dfa.state.ny.us

Mission Statement

The Mission of Next Steps Parent Partners/Mentors is to have parents empower other parents to strengthen families, communities and systems thereby achieving safety, permanency and well being for children.

"It takes a village to raise a child."

Please join us today!

Help families maintain self-sufficiency, with resources in their own communities and enable children to grow up free from abuse or neglect.

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C. SCOTT VANDERHOEF
County Executive

SUSAN SHERWOOD
Commissioner

NEXT STEPS TANF/CHILD WELFARE COLLABORATION PROJECT PARENT PARTNER/MENTOR PROGRAM

APPLICATION PACKET

MISSION STATEMENT

"The Mission of the Next Steps Parent Partner/Mentor program is to have knowledgeable individuals and groups empower parents with a supportive network based upon experience, resources and services to ultimately achieve a stable, thriving and self-sufficient family unit."

ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES
TANF/CHILD WELFARE COLLABORATION PROJECT
PARENT PARTNER/MENTOR PROGRAM
APPLICATION

Name:	☐ Female ☐ Male
Mailing Address:	Home Phone:
	Work Phone: May we contact you at work? ❑ Yes ❑ No
E-Mail Address:	Cell Phone:

Overview:

The Parent Partner/Mentoring program matches volunteer Parent Partner/Mentors from the community with parents who are graduating, or have already graduated from, the Next Steps Program. The purpose of the program is to support parents who are transitioning from welfare–to–work and/or have involvement in the child welfare system. Focusing on the goal of enhancing and improving outcomes for families, Parent Mentors are role models who provide guidance based on a combination of training and personal knowledge and experience. Empowering and coaching parents is an important aspect of this program.

Preferred Knowledge, Skills and Abilities:

1. Values involvement in a multicultural and diverse organization and is willing to work as a member of a collaboration.
2. Is able and willing to learn about other cultures.
3. Strong commitment to the population served by the program and to helping parents succeed.
4. Good organizational and time management skills.
5. Has the ability to:
   - Communicate in a professional manner, both verbally and in writing.
   - Advocate for others.
   - Maintain professional and personal boundaries and respect confidential information.

- Handle sensitive information and situations in a calm and professional manner.
- Be open to feedback and supervision.
- View people from a strengths-based perspective.

Responsibilities:

1. Develop a trusting relationship with assigned parents.
2. Contact and/or visit parents at a time that is mutually agreeable.
3. Document contacts and visits and maintaining both confidential information and confidentiality between Mentor and Mentee.
4. Empower parents to advocate for themselves and their family.
5. Report incidences of child abuse or neglect.
6. Attend court and/or meetings as support when requested by parents, if possible.
7. Attend scheduled mentor support group meetings and any training as required.
8. Model and encourage direct, professional communication.
9. Support parents in:
   - Developing positive parenting and workplace skills.
   - Connecting with community resources.
   - Making positive choices.

Education and Experience Requirements

1. High school level writing and reading skills.
2. A minimum of three years clean and sober.

Contact Information:

Elizabeth Galderisi-Kohlmeier, Program Coordinator
Next Steps
The Dr. Robert Yeager Health Center, Bldg. K.,
Sanatorium Road, Pomona, NY. 10970

Telephone 364-3729

E-mail Elizabeth.Kohlmeier@dfa.state.ny.us.

Parent Partner/Mentor
Assessment Questionnaire

	Yes	No	Somewhat	Willing to Learn
I: *Self Awareness and Supports*				
1. I have a strong personal support system of friends and/or family that I can rely on.				
2. I have talked to the people who care about me, such as family & friends, and they are supportive of my interest to become a Parent Partner/Mentor.				
3. I am sympathetic to others' problems without feeling that I will get pulled into their personal situation.				
4. I am someone who is able to step outside of my own life experience and see the world through the eyes of another person.				
5. I am able to relate to people in a non-judgmental way				
6. I am willing to mentor in a culturally competent manner.				
II: *Being a Parent Partner/Mentor*				
1. I feel my life and/or work experiences will help me be supportive to other families.				
2. I feel comfortable meeting new people one-on-one.				
3. I feel comfortable speaking up and expressing my views with a group of people in a meeting.				
4. I have time available at least once a week to spend serving as a Parent Partner/Mentor.				
5. I have a network of people in DSS and other agencies whom I can use as informational resources if necessary.				
6. I know how to access information and how to network.				

7. I am aware of the various resources and programs in the County of Rockland: *Please (check any that apply).*
   - ❑ Food Stamps
   - ❑ HEAP
   - ❑ Housing
   - ❑ Medicaid
   - ❑ Subsidized Child Care
   - ❑ Temporary Assistance
   - ❑ WIC
   - ❑ Section 8
   - ❑ Other *(please specify)*

	Yes	No	Somewhat	Willing to Learn
8. I am knowledgeable about budgets, taxes and insurance.				
9. I have knowledge of public transportation and scheduling.				
10. I am knowledgeable about the Department of Motor Vehicles.				
III: *Job Market Knowledge and Skills*				
1. I have knowledge and experience in resolving difficult workplace situations with co-workers and supervisors.				
IV: *Education*				
1. I can advise parents about preparation and registration for school.				
2. I can advise parents on continuing education, grants, and student loans.				
3. I am aware of educational and other resources in Rockland County for People with Disabilities.				
V: *Parenting*				
1. I have knowledge about various health issues such as insurance, doctors, immunizations, etc.				
2. I have good time management skills.				

3. I am aware of parenting resources such as: (*please check any that apply).*

- ❑ Parent-Child Centers
- ❑ Early Intervention
- ❑ Youth Bureau
- ❑ Youth Centers
- ❑ Child Care Resources of Rockland
- ❑ Other *(please specify)*

VI: *Women's Care/Self-Help*

1. I have knowledge about*: (please check any that apply).*
   - ❑ Accessing InfoRock (Information Rockland)
   - ❑ Clothing Assistance
   - ❑ Domestic Violence Resources
   - ❑ Emergency Shelters
   - ❑ Food Pantries
   - ❑ Health Care/Hygiene
   - ❑ Mental Health Resources
   - ❑ Planned Parenthood
   - ❑ Substance Abuse
   - ❑ Other: *(please specify)*

	Yes	No	Somewhat	Willing to Learn
VII: *Role or Activity*				
1. Are you willing to attend and participate on workgroups and committees?				
2. Are you willing to speak to a large audience at a conference?				
3. Are you willing to speak to small group or at a training?				
4. Are you willing to be present in a courtroom to support families?				
5. Are you willing to attend meetings with families and their caseworkers or other agency staff?				
6. Are you willing to accompany individuals to appointments, meet the teacher, school meetings etc.?				
7. Are you multi-lingual? *(Please specify)*				
8. Other (please specify)				

In a brief paragraph please tell us about your interest in becoming a parent partner and additional information you would like us to have.

County of Rockland
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The Dr. Robert L. Yeager Health Center
Building L - Sanatorium Road
P.O. Box 307
Pomona, New York 10970-0307
Telephone: (845) 364-2000

C. SCOTT VANDERHOEF
County Executive

Fax: Building L: 914-364-3098
Building C: 914-364-3498

SUSAN SHERWOOD
Commissioner

REQUEST FOR REFERENCE

Dear _____,

_____ of _____,
_____, NY _____ has given your name in connection with their application to become a Mentor with the Next Steps Parent Partner Mentoring Program.

In order to complete their application, we require references from their associates or friends.

Please kindly provide us with as much information as you can regarding the character and circumstances of the above applicant.

Please be sure to sign and date this reference. Your prompt response is greatly appreciated.

All information is kept strictly confidential.

Enclosed is a self-addressed envelope for your convenience.

Thank you for assisting the applicants desire to be a mentor with our program.

Sincerely,

_____

Laura Woolis, Program Director

1. How long have you known the applicant? _____

2. Under what circumstances do you know the applicant? _____

_____

_____

3. Describe the applicant's character. _____

_____

_____

_____

4. Describe any special abilities of the applicant. _____

_____

_____

_____

5. Describe the applicant's participation in the community. (ie: school, social, religious, recreational, etc.) _____

_____

_____

_____

6. Do you consider the applicant to be a desirable Mentor to others? ____

7. Include any further information or comments that maybe helpful.

_____

_____

_____

_____

_____

_____

Signature: _____

Occupation: _____

Date: _____

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County Executive

SUSAN SHERWOOD
Commissioner

AFFIRMATION

Please strike out one of the two statements below and sign your name at the bottom:

_____ hereby affirms that the statements made on this document are true under penalty of perjury.

1. I (we) have never been convicted of a crime in New York or any other jurisdiction.
2. I (we) have been convicted of a crime in New York or another jurisdiction and the details are as follows:

_____

_____

_____

Dated: _____ Signature: _____

Signature: _____

WARNING: This document will be filed with the Rockland County Department of Social Services and become part of its records. The providing of a false statement or false information in this document is a crime.

X0333 (Revised 8/2/99)

NAME_____ DEPT._____DATE_____

This **Partnership Skills Tool** has identified 25 key factors that contribute to excellence in mentoring partnerships.

The questions are designed to give you a quick overall idea of your skills in the following areas:

- ☑ **NETWORKING ABILITY**
- ☑ **EFFECTIVE COMMUNICATION SKILLS**
- ☑ **ENCOURAGEMENT**
- ☑ **GOAL SETTING**
- ☑ **TIME MANAGEMENT**
- ☑ **MANAGING CONFLICT**
- ☑ **CREATIVITY AND PROBLEM SOLVING**
- ☑ **REFLECTING**

INSTRUCTIONS

Compare yourself to each of the statements as honestly as you can by putting a mark in the appropriate column. It will not help you to "fudge." The purpose of this tool is to honestly evaluate your Mentoring skills. If some questions do not apply, try to reword them so that they are appropriate to your position and function. Do not skip questions.

	MENTORING QUALITY	VERY STRONG	MODERATELY STRONG	ADEQUATE	MODERATELY WEAK	VERY WEAK
1	I establish network relationships					
2	I build and maintain work relationships					
3	I use active listening skills to clarify and confirm					
4	I show interest, attention and empathy					
5	I suspend judgment					
6	I give consistency and relevance in responses and feedback					

7	I give others the opportunity to offer suggestions					
8	I am patient					
9	I accept differences					
10	I have the ability to facilitate movement toward a goal					
11	I address specific behaviors					
12	I use open ended questions to encourage others to open up and express themselves					
13	I give positive reinforcement to others					
14	I regularly set work related goals					
15	I help others define a goal and take action					
16	I am organized					
17	I prioritize areas for improvement rather than address everything at once					
18	I am accountable for my commitments					
19	I have the ability to approach concerns with others immediately and clearly from all perspectives					
20	I think creatively					
21	I see connections and relationships between the seemingly unconnected					
22	I guide others in a problem–solving process rather than tell them what to do					
23	I am aware of my own assumptions, biases and					

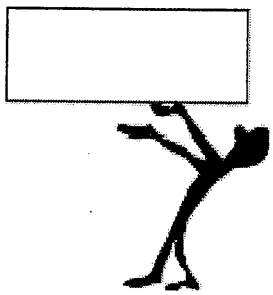
	stereotypes				
24	I know my values				
25	I am aware of any discomfort and/or disconnections of feelings that might be interfere in my work relationships				
TOTAL THE NUMBER OF RESPONSES IN EACH COLUMN, AND MULTIPLY BY THE NUMBER ASSIGNED TO EACH COLUMN AT RIGHT, PUT TOTAL IN THE BOX BELOW		**X4=**	**X3=**	**X2=**	**X1=**	**X0=**
TOTAL VALUE FOR EACH COLUMN						**0**

Score the Questions

When you have completed the questions, add up the total responses for each of the five columns. Put these total response numbers at the bottom of each column and multiply by the number in the respective box. For example, if you have a total of 10 "VERY STRONG" responses, you will multiply 10 x 4 and put the result of 40 in the bottom box under the "VERY STRONG" column. Do this for each of the five columns. Obviously, any responses in the "VERY WEAK" column will yield a total number value of 0.

Grand Total

Now add the bottom row of number values to yield a grand total score. Write that total here:



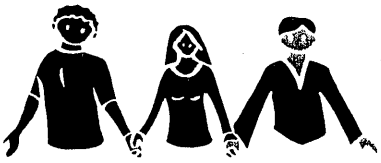
CHECK IT OUT!

90-100	Well done! You possess all skills necessary to be a mentor
75-90	Way to go! You possess most skills necessary to be a mentor
Below 75	Congratulations! It's time to set specific goals to develop your mentoring potential
Below 50	You need to reassess and develop your mentoring potential

FOR YOUR FUTURE WORK

Look at the questions you scored in the **"ADEQUATE", "MODERATELY WEAK"** and **"VERY WEAK"** columns. These will be your starting points for further development of your mentoring skills.

Next Steps Parent Partner/Mentor Program



MENTORING PARTNERSHIP AGREEMENT

1. Goals:

   1. _____

   2. _____

   3. _____

   4. _____

2. Steps to Achieving the Goals; How are we going to reach the Goals?

   1. _____

   2. _____

   3. _____

   4. _____

3. Expectations of the Mentee:

   1. _____

   2. _____

   3. _____

   4. _____

4. Expectations of the Mentor:

1. _____

2. _____

3. _____

4. _____

5. Ground Rules or the relationship:

1. _____

2. _____

3. _____

4. _____

5. _____

6. Time Frame: (How frequently you will meet and for how long)

_____

_____

_____

_____

_____

7. Provide regular feedback to each other and evaluate progress. We will accomplish this by...

1. _____

2. _____

3. _____

4. _____

Additional contract items:

_____

Mentor's Signature/Date

_____

Mentee's Signature/Date

Parent Partner/Mentor Experiential Conversation

Body Language

What were the facial expressions of you Parent Partner/mentor?

What gestures did your Parent Partner/Mentor make?

What was the posture of your Parent Partner/Mentor?

Did your Parent Partner/Mentor respect your personal space?

Did your Parent Partner/Mentor have good eye contact?

Listening

Who did most of the talking?

Did you feel that your Parent Partner/Mentor understood what you were saying?

Did your Parent Partner/Mentor give you their undivided attention?

How did your Parent Partner/Mentor acknowledge that they were listening?

- Head nod?
- Smile or other facial expressions?
- Was your interviewers posture open and inviting?
- Did your interviewer encourage you to talk?

Did your Parent Partner/Mentor give you feedback?

Speaking

Did your Parent Partner/Mentor speak clearly?

Did they speak loudly enough, too loud, too soft?

Were their any language barriers in your conversation?

What do you think the Parent Partner/Mentor did well?

Please give one constructive suggestion that your Parent Partner/Mentor can use to improve communication.