

# RAPP January 2016 Newsletter

Support Group Meetings			
Monthly Sessions	Upcoming Dates	Time Frame	Location
1 <sup>st</sup> Wednesday, monthly	<b>Girls with a Purpose (GWAP)</b> Next group is January 6, 2016	4:30 – 5:30 pm	Carver School Road Library Branch 4915 Lansing Drive, WS Phone: 336-703-2910
1 <sup>st</sup> Thursday, monthly	<b>Next RAPP evening group is</b> January 7, 2016 See Page 2 for program details	6-7:30 pm	Rupert Bell Recreation Center 1501 Mount Zion Place, WS 27101 Phone: 336-727-2051
2 <sup>nd</sup> Wednesday, monthly	<b>Next RAPP lunch group is</b> January 13, 2016 See Page 2 for program details	12:00 –2:00 pm	Hanes Hosiery Recreation Center 501 Reynolds Blvd, WS 27106 Phone: 336-727-2428

## What is the Relatives As Parents Program, RAPP?

Forsyth County's Department of Social Service's Relatives as Parents Program, or RAPP, provides support and activities to any relative or person providing full-time care-giving duties to another person's child, living full-time in their home, and whose parent(s) is absent. All RAPP activities are provided at low or no cost, and create ways for relative caregivers to meet others in their community. RAPP understands that caregivers face unique challenges in *unexpectedly* parenting someone else's child.

## Why should I attend a group?

Because you are not alone! You may feel alone as a care giver, but you are not! Support gives you strength in finding others like yourself who have traveled this road. There are currently 7.8 million children in the US living with someone other than a parent. This information comes from Generations United, a NY group that supports kinship families like yours. (Note: No groups are held in July and August!)

## Important School Dates

- ✓ **January 4** – classes resume.
- ✓ **January 15** – end of second quarter, so be sure all assignments are turned in!
- ✓ **January 18-19** – school is out for Martin Luther King, Jr. day and teacher work day.



## Relatives as Parents Program, RAPP

Attn: RAPP Coordinator Supervisor, Carmen Willis P.O. Box 999, WS, NC 27102-0999  
Phone: 336-703-3713 e-mail: [williscn@forsyth.cc](mailto:williscn@forsyth.cc)

## **RAPP Coordinator Transition**

Susan Parker, who has been with RAPP as both an intern and as the program coordinator, will be leaving us at the end of 2015 to take a position as a school social worker here in the Winston Salem/Forsyth County schools. It is a bittersweet situation because she has loved working with RAPP families for the last couple of years, but a big draw of this new position is that it will allow her to be on the same schedule as her grandchildren. As she says about our RAPPers, “These families are heroic in what they do for the children in their lives. They inspire me every day.”

We will soon begin a search for a new coordinator, and in the meantime, please contact Carmen Willis, the RAPP coordinator’s supervisor, if you have questions. She can be reached at 703-3713, or at [williscn@forsyth.cc](mailto:williscn@forsyth.cc)

We will keep you posted regarding a new coordinator.

## **November Support Group Programming**

Since Beverly Terry, who works with the weatherization program at the Piedmont Triad Regional Council was unable to be with us in November, we’ve invited her to join us for our January groups. She’ll be providing more details about the program to our families. Be aware that you don’t need to own your home to participate in the program. Ms. Willis will be at the meetings to facilitate.

## **2016 Kinship Verification Forms**

Many of you completed Kinship Verification Forms for 2015, but now it is time to complete them for 2016. Again, we must have a 2016 Kinship form on file for you if you wish to take part in the Back to School and Holiday Projects in 2016.

The form is included in this newsletter, and we would appreciate you returning them as soon as possible.



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 Phone: 336-703-3713 e-mail: [williscn@forsyth.cc](mailto:williscn@forsyth.cc)

## 2016 Kinship Verification Form

Caregiver Name: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Information about each relative child under 18 for whom you provide full-time care for, in your home:**

**Child 1:** Child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Date child came to live with you: \_\_\_\_\_

Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)

Name of child's mother: \_\_\_\_\_

Address of child's mother, if known: \_\_\_\_\_

Name of child's father: \_\_\_\_\_

Address of child's father, if known: \_\_\_\_\_

Name of child's school, if attending: \_\_\_\_\_

**Child 2:** Child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Date child came to live with you: \_\_\_\_\_

Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)

Name of child's mother: \_\_\_\_\_

Address of child's mother, if known: \_\_\_\_\_

Name of child's father: \_\_\_\_\_

Address of child's father, if known: \_\_\_\_\_

Name of child's school, if attending: \_\_\_\_\_

**Child 3:** Child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Date child came to live with you: \_\_\_\_\_

Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)

Name of child's mother: \_\_\_\_\_

Address of child's mother, if known: \_\_\_\_\_

Name of child's father: \_\_\_\_\_

Address of child's father, if known: \_\_\_\_\_

Name of child's school, if attending: \_\_\_\_\_

**Child 4:** Child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Date child came to live with you: \_\_\_\_\_

Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)

Name of child's mother: \_\_\_\_\_

Address of child's mother, if known: \_\_\_\_\_

Name of child's father: \_\_\_\_\_

Address of child's father, if known: \_\_\_\_\_

Name of child's school, if attending: \_\_\_\_\_



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**Child 5:** Child's full name: \_\_\_\_\_  
 Child's date of birth: \_\_\_\_\_  
 Date child came to live with you: \_\_\_\_\_  
 Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)  
 Name of child's mother: \_\_\_\_\_  
 Address of child's mother, if known: \_\_\_\_\_  
 Name of child's father: \_\_\_\_\_  
 Address of child's father, if known: \_\_\_\_\_  
 Name of child's school, if attending: \_\_\_\_\_

**Child 6:** Child's full name: \_\_\_\_\_  
 Child's date of birth: \_\_\_\_\_  
 Date child came to live with you: \_\_\_\_\_  
 Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)  
 Name of child's mother: \_\_\_\_\_  
 Address of child's mother, if known: \_\_\_\_\_  
 Name of child's father: \_\_\_\_\_  
 Address of child's father, if known: \_\_\_\_\_  
 Name of child's school, if attending: \_\_\_\_\_

**Child 7:** Child's full name: \_\_\_\_\_  
 Child's date of birth: \_\_\_\_\_  
 Date child came to live with you: \_\_\_\_\_  
 Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)  
 Name of child's mother: \_\_\_\_\_  
 Address of child's mother, if known: \_\_\_\_\_  
 Name of child's father: \_\_\_\_\_  
 Address of child's father, if known: \_\_\_\_\_  
 Name of child's school, if attending: \_\_\_\_\_

**Child 8:** Child's full name: \_\_\_\_\_  
 Child's date of birth: \_\_\_\_\_  
 Date child came to live with you: \_\_\_\_\_  
 Are you the child's:  – Grandparent  - Aunt/Uncle  – Cousin  – Sibling (check one)  
 Name of child's mother: \_\_\_\_\_  
 Address of child's mother, if known: \_\_\_\_\_  
 Name of child's father: \_\_\_\_\_  
 Address of child's father, if known: \_\_\_\_\_  
 Name of child's school, if attending: \_\_\_\_\_

Please return this form to RAPP, Attention Carmen Willis, P O Box 999, Winston Salem, NC 27102. You must have completed a form to be able to take part in either the Back to School project or the Holiday project.

A new form is needed for 2016, regardless of when we received your 2015 form.

Thank you!



**Relatives as Parents Program, RAPP**

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