

SWAN SUPPORT GROUP INFORMATION FORM

PLEASE COMPLETE ALL SECTIONS OF THE FORM

SWAN Affiliate Name:

Support Group Name:

Support Group Description (attach flyer, if available):

Participants:

(Check all that apply)

Families (parents & children)

**Resource
Waiting
Adoptive
Kinship**

Parents Only

**Resource
Waiting
Adoptive
Kinship**

Children/Youth Only

**Foster
Adoptive
Kinship
Teen
Youth**

Is Childcare Provided?

If yes, please describe in the space below the available childcare.

Accessible Meeting Space?

If yes, please describe in the space below the accessible space.

Program Cost: *(The program is free to families receiving Post-permanency funding.)*

Will there be a fee for non-Post-permanency families?

If yes, please list fee amount:

Group Type:

If other, please describe below.

Bilingual availability?

If yes, which language is offered?

Meeting Location:

If in-person, list meeting address:

Frequency of Meetings:

Group start date:

Group end date:

Contact Person Name and Email: