



# February 2014

## EPRESS



### A Reminder on Safe Sleep

DCF tell us that there were 160 reports to the Hotline about child deaths allegedly from unsafe sleep in 2013. As you know, these kinds of deaths may be preventable. So remind your clients:

Babies should sleep ALONE, on BACKS, in a CRIB.

You can save a life!

### Question from Directors

*Are there any new ways we can help prevent abductions?*

We created a brief article below with recommendations by the Office of Juvenile Justice and Delinquency Prevention.



# Supervised Visitations and Parental Abduction: News, Policies, and Procedures

By: Cristina Batista

In the news recently there have reports of incidents at supervised visitation centers in which a child has been abducted during the visit. It is understandable that the visiting party may be extremely upset about the separation, but visitation center employees need to take precautions to keep the child safe. Fortunately, cases of abduction are very rare and visitation centers take many precautions to keep children safe.

## Recent Reports

**October 8, 2013:** A 7 year old special needs girl was taken by her mother during a supervised visitation session in Fort Myers, Florida. The girl was currently in foster care after being removed from her mother's care months before. During the session, the woman grabbed the child and fled through the back door. They were found just south of the Florida/Georgia line in the early morning hours the next day and the girl has since been returned to protective custody.

**December 27, 2013:** A 6 year old girl was taken from a supervised visitation center by her mother in Jacksonville, Florida. The girl was in the custody of the state, and it was reported that the mother had a history of mental health issues. The mother told the center employees that she was taking the girl to the trunk of the car to get a gift she had brought, but instead grabbed the child and took off quickly. They were found in Perry, Georgia, after a driver alerted the authorities because of an Amber alert.

## Policy Changes

Because of these instances of abduction, the state of Florida is reviewing whether visitation policies need to be changed across the board. One change that the Jacksonville center has made concerns mandating that visitations end at its front door instead of allowing parents to say goodbye outside or at a vehicle.



### Risk Assessment

It is important to assess any kind of parental abduction risk factors for visitations. The Office of Juvenile Justice and Delinquency Prevention has determined the following six criteria as risks for abduction:

1. There has been a prior threat of or actual abduction
2. A parent suspects or believes the other parent/caregiver has abused the child and friends and family members support these concerns
3. A parent is paranoid delusional
4. A parent is severely sociopathic
5. A parent who is a citizen of another county ends a mixed-culture marriage
6. A parent feels alienated from the legal system and has family or social support in another community

### Training Possibilities

It may be helpful to assign specific roles to certain visitation center employees in case of an emergency. If each person has a role to perform in emergency situations, the response time may be shortened. For example, different individuals can perform tasks such as pursuing the abducted child out into the parking lot when appropriate, calling the authorities, or keeping the rest of the facility secure and in control. Going through a run-through where employees are given roles and are trained in the event of an abduction situation can shorten the response time.

### Parental Expectations

Workers must always be very clear with parents about what is expected of them and what kinds of behaviors are acceptable. If the parent seems confused, it is a good idea to repeat the expectations of the visitation center and clarify any confusion.

### Understanding the Case: The Best Preparation

The best preparation is understanding what the risks and issues are in every single case. Remember never to take threats lightly, and always stay alert to the possibility of danger and abduction, even if the family has been visiting for a long period of time.

#### References

(2013, Oct 9). Missing Fort Myers child found safe, mother in jail. *Wink News*. Retrieved from <http://www.winknews.com/Local-Florida/2013-10-09/Amber-Alert-Cancelled>.

Gannet News Service. (2013, Dec 30). Amber Alert: 6-year-old Onnika Fisher last seen in Jacksonville has been recovered. *WSTP 10 News*. Retrieved from <http://www.wtsp.com/news/topstories/article/350430/250/Amber-Alert-6-year-old-Onnika-Fisher>

Gomez, A. (2013, Dec 27). DCF: Abduction suspect claimed to have gifts in car for daughter. *Action News*. Retrieved from [http://www.actionnewsjax.com/content/topstories/story/DCF-Abduction-suspect-claimed-to-have-gifts-in/ERwz\\_nf7WEC4IpeRBdGYnA.csp](http://www.actionnewsjax.com/content/topstories/story/DCF-Abduction-suspect-claimed-to-have-gifts-in/ERwz_nf7WEC4IpeRBdGYnA.csp)

MYFOXATLANTASTAFF. (2013, Dec 29). Jacksonville child found after abduction alert. *FOX 5 Atlanta*. Retrieved from <http://www.myfoxatlanta.com/story/24323471/georgia-issues-abduction-alert-for-jacksonville-child#axzz2r8yx75jD>

Office of Juvenile Justice and Delinquency Prevention. (2001). Early Identification of Risk Factors for Parental Abduction. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/185026.pdf>

Scanlan, D. (2013, Dec 30). Missing Jacksonville girl found safe; father speaks out. *The Florida Times-Union*. Retrieved from <http://jacksonville.com/news/crime/2013-12-30/story/missing-jacksonville-girl-found-safe-father-speaks-out>

Staff Reports. (2013, Oct 8). Fort Myers police investigating parental abduction. *Naples Daily News*. Retrieved from <http://www.naplesnews.com/news/2013/oct/08/fort-myers-police-investigating-parental-abduction/>.

## Dangers of Swaddling

By Cristina Batista



*The guidelines in Caring for Our Children, National Health and Safety Performance Standards, do not ban swaddling in child care centers, but they say swaddling is **not necessary or recommended**. As a result, some child care centers and states are banning the practice. We at the Clearinghouse recommend that you warn parents of infants about the dangers of swaddling.*

### What is Swaddling?

Swaddling is the practice of snugly wrapping a very young infant in a blanket.

### Dangers of Swaddling

- If the blanket is wrapped too tightly around the legs, the baby can develop dislocated hips (a condition called Hip Dysplasia)
- Extremely tight swaddles can stop the baby from taking a deep breath if they need to
- If the baby rolls over in a swaddle, there is the likely hood of suffocation since the baby cannot use his/her arms to move their face
- Swaddling can increase the chance the baby will overheat
- Swaddling may decrease the baby's arousal and decreased arousal can be a problem – may be one of the main reasons that babies die of SIDS (Sudden Infant Death Syndrome)
- If the swaddling blanket comes unwrapped, it could cover the baby's face and increase the risk of suffocation

### The Expert Opinions

#### **National Resource Center on Child Health and Safety (NRC)**

This Colorado-based organization provides health and safety guidelines for child care centers. In 2011, it decided to **recommend against swaddling** in the “Caring for Our Children” set of safety guidelines for early care and education programs. They assert that swaddling can increase the

odds of serious health outcomes, especially if a baby is placed on his or her stomach to sleep, and can also increase the risk of hip problems

### **American Academy of Pediatrics (AAP)**

The Illinois-based organization of 60,000 pediatricians committed to the well-being of infants, children, adolescents, and young adults. They agreed with the NRC in saying that **“swaddling is not necessary or recommended” and that the risk of SIDS is increased if an infant is swaddled.** The AAP however does state that swaddling can be effective and generally used in the first three months of life.

### State Opinions and Laws

There are currently four states that have focused on the swaddling controversy and have decided child care centers should not swaddle babies they look after:

#### **Minnesota**

It is illegal for child care centers to swaddle babies or use blanket wraps for nap times.

#### **Pennsylvania, California, and Texas**

It is strongly discouraged for child care centers to swaddle the infants they take care of. In these three states, there are new licensing standards for day cares that say that there can't be any baby wrapping or swaddling. In California, two sisters were charged with child abuse and neglect after wrapping several 7 to 11 month old infants with blankets for naptime at a child care center.

The practice is not banned in Florida. However, it has been criticized as dangerous and unnecessary.

### Implications

The Clearinghouse has reviewed the controversy and recommends that infants not be swaddled at supervised visitation.

The Clearinghouse also recommends that parents of young infants be reminded of the dangers of swaddling.



### References

- Abi, J. (2013, October 30). *Disturbing news for anyone who's swaddled their baby*. Retrieved from <http://www.ivillage.com.au/swaddling-controversy-good-babies/>
- American Academy of Pediatrics. (2014). *About the AAP*. Retrieved from <http://www.aap.org/en-us/about-the-aap/Pages/About-the-AAP.aspx>
- American Academy of Pediatrics. (2014, January 2). *Swaddling: Is it Safe?*. Retrieved from <http://www.healthychildren.org/English/ages-stages/baby/diapers-clothing/pages/Swaddling-Is-it-Safe.aspx>
- Baby Center. (2014). *Swaddling Your Baby*. Retrieved from [http://www.babycenter.com/0\\_swaddling-your-baby\\_125.bc](http://www.babycenter.com/0_swaddling-your-baby_125.bc)
- Emmett, G. A. (2013, June 10). *Can we settle the swaddling controversy?*. Retrieved from [http://www.philly.com/philly/blogs/healthy\\_kids/Can-we-settle-the-swaddling-controversy.html?c=r](http://www.philly.com/philly/blogs/healthy_kids/Can-we-settle-the-swaddling-controversy.html?c=r)
- Essential Baby. (2013, October 30). *Full-body swaddles bad news for babies*. Retrieved from <http://www.essentialbaby.com.au/baby/baby-health/fullbody-swaddles-bad-news-for-babies-20131031-2wi27.html>
- KTVU Channel 2. (2013, April 30). *Sisters plead not guilty to child abuse in day care swaddling case*. Retrieved from <http://www.ktvu.com/news/news/crime-law/sisters-plead-not-guilty-child-abuse-day-care-swad/nXcXR/>
- Kotz, D. (2013, November 3). *Swaddling infants linked to later hip problems*. *The Boston Globe*. Retrieved from <http://www.bostonglobe.com/lifestyle/health-wellness/2013/11/04/swaddling-infants-linked-later-hip-problems/yUGLCVWSyBQVIE3EI5Uzgi/story.html>
- Tourville, J. (2013). *What's Wrong With Swaddling?*. Retrieved from [http://www.babyzone.com/baby/childcare/texas-swaddling-ban\\_239891](http://www.babyzone.com/baby/childcare/texas-swaddling-ban_239891)

Wickford, H. (2013, October 21). *Pros and Cons of Swaddling Your Baby*. Retrieved from <http://www.livestrong.com/article/284755-pros-and-cons-of-swaddling-your-baby/>

Zibners, L. (2013, July 30). *To Swaddle or Not to Swaddle*. Retrieved from <http://drzibners.com/article/to-swaddle-or-not-to-swaddle/>

## The Marchman Act and the Baker Act

By: Sally Pettersen

When someone desperately needs help but cannot get it, what are a family member's options? There are two acts in Florida laws that are useful to know about: the Marchman Act and the Baker Act.

### What is the difference between the Marchman Act and the Baker Act?

Basically, the Marchman Act addresses **substance abuse**, while the Baker Act addresses **mental illness**. However, the two can sometimes overlap: for instance, if a person is abusing drugs, and also displays suicidal tendencies. In this case, whoever has ordered treatment would determine which act would be most beneficial to the patient, with the most critical need treated first.

### Criteria in Order to be Treated *Involuntarily*

A person can voluntarily admit themselves to treatment under either of these acts; however, in order for a concerned person to admit someone involuntarily, certain criteria must be met:

Marchman Act	Baker Act
--------------	-----------



<ul style="list-style-type: none"> <li>• Can be initiated by law enforcement officers, physicians or judges. Concerned people can petition the courts for emergency admittance if they are a <b>spouse, relative, guardian, or three adults with knowledge of the substance abuse.</b></li> <li>• Must abuse substances and demonstrate a <b>potential to harm oneself or others</b>, or be so impaired they do not recognize their need for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Can be initiated by judges, law enforcement officials, physicians, or mental health professionals</li> <li>• Must have a mental illness, as defined by the Baker Act</li> <li>• Must demonstrate potential to harm oneself or others</li> <li>• Patient may continue to be observed for up to 3 days after they are deemed medically stable</li> </ul>
---	---

**What Happens When a Person is Involuntarily Admitted for Treatment?**

**Marchman Act-** A person can be assessed for up to 5 days, and the treating physician may apply to the court for an extension of services. A judge can order treatment for up to 60 days.

**Baker Act-** A person can be observed for up to 3 days, after which the treatment facility must release the patient, or file a petition for involuntary placement. The services focus on treating the immediate crisis, and a patient can only be released after a psychiatrist or clinical psychologist has approved it.

**Case Example**

A 24 year old female has been using opiates for the past three years, and her parents are concerned about her. She has bounced around from job to job, usually getting in trouble after only a few months because of her substance abuse. She has lost her apartment because she did not pay her rent on time for several months in a row, and has now moved back in with her parents. Her parents have tried to confront her several times about her opiate use, but she gets very defensive about her drug habits, and has lashed out at her mother twice during these confrontations. Her parents are very worried about the harm she is doing to herself by not taking care of herself (not bathing often, not cleaning up after herself, refusing to eat most meals), and have researched their options to help their daughter. They discovered a website explaining the Marchman Act to them, and decided to petition the court about the safety of their daughter while she is using drugs. The judge decided that because the daughter did not think anything was wrong with her drug use, and had displayed violence to her mother and neglect to herself, he would order her to be involuntarily treated at a drug treatment facility for 72 hours, during which time she would see a psychiatrist and begin treatment for her drug abuse. The psychiatrist would then determine what steps need to be taken next in her

recovery, and inform the court of his or her recommendation. The judge would approve or disapprove the psychiatrist's recommendation, and the daughter would (potentially) get the help she needs to make a recovery from her addiction.

### **Concerns About the Use of the Marchman and Baker Acts**

While the Marchman and Baker Acts were created with the patient's rights and needs in mind, often there are problems with the involuntary treatment of an individual. Treatment is most successful when the patient is actively interested in their own success. Unfortunately, many people do not feel the need to be treated, and that is why involuntary treatment is a lawful option. However, being taken involuntarily to a treatment facility where a patient is not given the freedom to leave or do what they want can also be construed as traumatic and stressful, and may hinder the patient's ability to cooperate and be successful in his or her treatment.

### **References and Helpful Links**

Difference Between Marchman/Baker Act: <http://marchmanact.blogspot.com/2013/06/what-is-difference-bw-floridas-baker.html>.

The Center for Drug Free Living: <http://www.cfdfl.com/marchman-act>

Baker Act 2013 Fact Sheet:

<http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>

The Florida Senate Review of the Baker Act:

[http://archive.flsenate.gov/data/Publications/2009/Senate/reports/interim\\_reports/pdf/2009-105cf.pdf](http://archive.flsenate.gov/data/Publications/2009/Senate/reports/interim_reports/pdf/2009-105cf.pdf)

History of the Baker Act: <http://bakeract.wordpress.com/history/>

Marchman Act: [http://www.escambiaclerk.com/clerk/coc\\_marchman\\_act.aspx](http://www.escambiaclerk.com/clerk/coc_marchman_act.aspx)

## **The Social Services Safety Net: Welfare Programs**

**By Christine Dusome, Kayla Kirk, and Melissa Ferraro**

The families at Florida's supervised visitation programs may need extra help in finding basic resources. The guide below offers programs a way to help their clients.

The ACCESS Florida Program through the Department of Children and Families has many programs that help families in the state of Florida that are in need of assistance. These

programs include: Medicaid, Food Assistance, Temporary Cash Assistance, and Refugee Assistance.

Each of these programs has its own eligibility rules, but one may apply for any (or all) of these programs at one time using the same application.

### **How do I apply?**

Families that need help with their food, financial or medical needs may apply for assistance:

- From any computer with an internet connection at:  
<http://www.myflorida.com/accessflorida>
- At one of the Department of Children and Families ACCESS Florida community partners. A listing of community partners can be found online at:  
<http://www.dcf.state.fl.us/access/CPSLookup/search.aspx>
- At a Department of Children and Families ACCESS Florida Customer Service Center. A listing of Customer Service Centers can be found online at:  
<http://www.myflfamilies.com/contact-us>
- Download a paper ACCESS Florida Application. The completed paper application can be mailed or turned into an ACCESS Florida Customer Service Center. The paper forms are located at: <http://www.dcf.state.fl.us/programs/access/agencyforms.shtml>

Once your application is received, DFC will check it to see if an interview is needed and if they need verification of anything you reported on your application. Not all programs require an interview, and most interviews can be done over the phone.

Applications for the Food Assistance and Temporary Cash Assistance Programs usually require an interview. Most interviews take less than 15 minutes. You may be asked to give proof of things you reported on your application, or things you said during your interview.

### **Health Care Programs**

**Medicaid** provides medical coverage to low income individuals and families. Medicaid is an assistance program for low income families. The Agency for Health Care Administration is responsible for Medicaid in Florida. It is managed by the state and federal governments and varies from state to state and each state receives different amounts of funding. They cover programs that are defined as “medically necessary” but each state may vary with what other benefits is covered. The purpose of Medicaid is to improve the health of people who might otherwise go without medical care due to financial reasons. Medicaid serves approximately 3.3 million people in Florida, with other half of those being children and adolescents 20 years of age and younger

### **Who qualifies for Medicaid?**

Medicaid eligibility is as follows:

- Low income families with children
- Children only
- Pregnant women
- Non-citizens with medical emergencies
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI)

Individuals may apply for assistance online at: <http://www.myflorida.com/accessflorida/>

Children up to age 18 and their parents or caretaker may be eligible for Medicaid if the family's countable income does not go over the income limits. In addition, countable assets must not be above \$2,000. Those who receive Temporary Cash Assistance (TCA) are eligible for Medicaid. If someone is eligible to receive TCA but decides not to use it, they may still be eligible for Medicaid. Families can be eligible for Medicaid benefits for up to twelve additional months if they lose Medicaid eligibility due to earned income. Families may also be eligible for an additional four months if they lose Medicaid eligibility due to child support or alimony.

Parents and caretakers may apply for Medicaid on behalf of their children if they are under age 19 and living in their home. The family income has to be under the limit for the age of the child. Children eligible for the Medicaid may also enroll in the **Child Health Check-up Program**. This program provides regularly scheduled medical checkups, dental appointments, immunizations, and other medical services.

Families may also apply to the **Florida KidCare program**. This program provides health insurance for children. Medicaid is part of this program. There are four different parts and Florida KidCare will check to see what your child qualifies for. MEDIKIDS covers children that are one year old to four years old. HEALTHY KIDS covers children that are five years old to eighteen years old. CHILDRENS MEDICAL SERVICES provides services for children from birth to eighteen years old that have special health care needs. And MEDICAID covers children birth through eighteen years old.

**Presumptively Eligible Pregnant Women (PEPW)** provides immediate, temporary coverage for prenatal care to low-income pregnant women. Any woman who thinks she is pregnant and has a family income that is under a certain amount is eligible for PEPW. **Simplified Eligibility for Pregnant Women (SEPW)** is a simplified "full coverage" for pregnant women only.

**Emergency Medical Assistance (EMA) For Non-Citizens-** Individuals, who would be eligible for Medicaid, but are not U.S. citizens, may be eligible for Medicaid to cover a serious medical emergency. Individuals must provide proof from a doctor that states that treatment was an emergency and the doctor must provide the dates of treatment.

Individuals who are ineligible for Medicaid due to income or assets exceeding the program limits may be eligible for the **Medically Needy program**. Individuals in this program must accumulate a certain amount of medical bills each month (share of cost). Once the share of cost for the month is reached, they must contact DCF. They will complete bill tracking, and then Medicaid can be approved for the rest of the month.

### **What are the changes for Medicaid for 2014?**

The decision of whether or not Florida will expand Medicaid has been a mystery. So far Florida has opted out of Medicaid expansion. The Senate has not backed away from its plan to expand but others such as House Speaker Weatherford are against expansion. There has been some consensus however, that Medicaid needs to be improved before it can be expanded. Starting in 2015, Doctors will be once again getting a lower payment rate from treating patients enrolled in Medicaid. It remains unclear as to whether someone will have to pick up the remaining cost or if Doctors will be turned away from treating these patients at a lower cost.

**Medicare** provides health insurance for the elderly as well as younger people with disabilities.

Medicare has four parts:

- Part A covers Hospital Insurance.
- Part B covers Medical Insurance.
- Part C (Medicare Advantage plans) refers to receiving Part A, B and D benefits.
- Part D covers prescription drugs.

### **Who qualifies for Medicare?**

Qualification for Medicare is not determined based on income. They provide coverage for pregnant women, seniors (those over the age of 65), children, and those with disabilities. Specific eligibility can be determined by visiting <http://www.medicare.gov> and using their eligibility calculator or the sign-up/change plans tab.

### **How to apply?**

Patients can visit [www.medicare.gov](http://www.medicare.gov) to learn more about Medicare and find a plan right for them. Patients can also enroll by calling the Medicare Options Helpline at 1-888-367-6554 from 8 a.m. to 7 p.m. EST on weekdays. To get benefits from Medicare, patients must enroll in a Medicare managed health care plan. Patients have to review their coverage and change plans every year and should review plans carefully.

### **What are the changes for Medicare for 2014?**

More quality seems to be coming at a bigger price for consumers. More people will qualify for Medicaid and there will be more choices which earned at least a four star rating. Seniors will especially benefit from this, as most seniors look at the “stars” when making their health care

choices. Star rating is based on customer services, chronic care management, and safety standards. Plan ratings are going up, and patients are encouraged to use this star system when making their choices. Insurers are being required to spend a larger percentage of their income on patient care, are getting fewer rebates and face larger copayments. Medicare has been trying to shift more costs to their consumers without raising premiums.

**Tricare** is a health care program that provides health benefits for Active Duty, Activated Guard and Reserves, Retired members of the uniformed services, their families, and survivors.

**Children's Health Insurance Program** provides health insurance for children whose family has an income that is too high to be eligible for Medicaid but they cannot afford private healthcare.

**Veterans Health Administration (VHA)** provides medical assistance to individuals who have served in the military, naval or air service and are separated under any condition other than dishonorable. Family members of Veterans may also be eligible for health benefits.

### **Food Assistance Programs**

The Food Assistance Program helps low-income families buy healthy food.

#### **Eligibility:**

- Individuals must have proof of identity
- Households must have their monthly gross income compared to a percentage of the federal poverty level.
- Individuals must live in Florida
- Individuals must be a U.S. citizen or have a qualified noncitizen status
- Individuals must provide a Social Security Number or proof they have applied for one
- Certain individuals must cooperate with the state's child support enforcement agency
- Households with a disqualified member must meet an asset limit of \$2,000 or \$3,250 (if the household contains an elderly or disabled member)

**The Supplemental Nutrition Assistance Program (SNAP)** provides aid for purchasing food to low and no-income people living in the U.S. Households can use these food assistance benefits to buy items such as breads, cereals, fruits, vegetables, meats, fish, poultry, and dairy. Households cannot use food assistance benefits to buy nonfood items such as pet foods, soaps, paper products, cleaning supplies, alcohol, and tobacco.

**The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** is a healthcare and nutrition program for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and children up to age five. If a person participates in other benefit programs, or has family members participating in SNAP, Medicaid, or TANF they automatically meet the eligibility requirements.

The **SUNCAP Program** is a special Food Assistance Program for individuals who receive Supplemental Security Income (SSI).

**Eligibility:**

- Receive SSI;
- Are at least 18 years old;
- Are not working; and
- Purchase and prepare food alone.

**Cash Assistance Programs**

The **Temporary Cash Assistance (TCA)** program provides financial aid to families with dependent children and pregnant women in their third trimester.

**Eligibility:**

- Some people must participate in work activities unless they meet an exemption.
- Gross income must be less than 185% of the Federal Poverty level and countable income can't be higher than the payment standard for the family size.
- Individuals must be U.S. citizens or qualified non-citizens
- Individuals must live in Florida
- Individuals must provide a Social Security Number or proof they have applied for one
- A family's countable assets must be equal to or less than \$2,000. Licensed vehicles needed for individuals subject to the work requirement may not exceed a combined value of \$8,500
- A child must be living in the home maintained by a parent or a relative who is a blood relative of the child
- The parent or the caretaker relative of the children must cooperate with child support enforcement
- Children under age 5 must be up to date with childhood immunizations
- Children age 6 to 18 must attend school and parents/caretakers must attend school conferences

**TCA - Relative Caregiver Program** provides monthly cash assistance to relatives who meet eligibility requirements and have custody of a child under age 18. When determining eligibility, only the child's income and assets are looked at. Payments are based on the child's age and any countable income. Monthly payments for children with no countable income are as follows:

- Age 0 through 5 - \$242 per child
- Age 6 through 12 - \$249 per child
- Age 13 through 17 - \$298 per child

**Eligibility: Only the child must pass all eligibility rules to get Relative Caregiver benefits**

- Child must be a US citizen or qualified non-citizen

- Child must live in Florida
- Child must have a social security number or prove they have applied for one
- Child's countable assets must be equal to or less than \$2000
- Child's net countable income cannot exceed the payment standard for the child's age
- Relative caregiver must be within the specified degree of relationship to the parent or stepparent of the child
- Relative caregiver must cooperate with child support enforcement
- Children under age 5 must be current with immunizations
- Child age 6 to 18 must attend school

**The Optional State Supplementation (OSS) Program** is a cash assistance program that helps pay for the costs of elderly or disabled individuals living in assisted living facilities, adult family care homes and mental health residential treatment facilities.

**Temporary Assistance for Needy Families (TANF)** is designed to help needy families achieve self-sufficiency. The four purposes of the TANF program are to provide assistance to families so children can be cared for in their own homes, provide training for employment and marriage, prevent and reduce unplanned pregnancies, and encourage the maintenance of two-parent families. States receive grants to put forth a program that addresses one of the above goals.

### **Education Programs**

**Boys and Girls Club** is a national organization that provides after-school programs for young people.

**Head Start** provides education, health, nutrition, and parent involvement services to low-income children and their families.

### **Substance Abuse and Mental Health Program (SAMH)**

The (SAMH) Program is responsible for a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders.

### **Substance Abuse**

**Detoxification Services** focuses on eliminating substance use. These services assist individuals going through withdrawal. Depending on the needs of the person, detoxification can take place in a residential or outpatient setting.

**Treatment Services** includes assessment, counseling, case management, and support all provided in residential and non-residential settings. Services include various levels of residential, outpatient, and recovery support based on the severity of the addiction.

**Recovery Support** is offered during and following treatment. These services include transitional housing, life skills training, parenting skills, and peer-based individual and group counseling.



## **Mental Health**

**Treatment** typically includes medications, individual therapy, crisis intervention, and psychiatric hospitalization.

**Rehabilitation** helps individuals minimize the effects of mental illnesses and develop greater competencies in employment, daily living, and social performance.

**Support** involves practical, hands-on assistance to help people handle the necessities of daily living and assist them in their recovery process.

**Adult Forensic Mental Health** is a network of state facilities and community services for people who are involved in the criminal justice system and have a mental illness.

### **State Mental Health Treatment Facilities**

- Florida State Hospital
- Northeast Florida State Hospital
- North Florida Evaluation and Treatment Center
- South Florida Evaluation and Treatment Center
- South Florida State Hospital
- Treasure Coast Treatment Facility
- West Florida Community Care Center

**Children's Mental Health Program** provides funding for in-home and community based outpatient services, crisis services and residential treatment. Services in the Children's Mental Health Program include service planning and coordination, residential treatment, and family inclusion.

**Juvenile Incompetent to Proceed (JITP) Program** provides services to juveniles who have been charged with a felony prior to their 18th birthday that because of their mental illness are unable to participate in legal proceedings.

## **Child Welfare**

**Child Care Services Program** is responsible for the administration of child care licensing and training throughout Florida. This program ensures that children are well cared for in a safe, healthy, positive and educational environment by trained, qualified child care staff.

The **Community-based Care Program** negotiates and contracts with respected local, non-profit agencies to provide child welfare services in their local communities for children who have been abused, neglected and/or abandoned.

## **Refugee Services**

The Refugee Services Program offers a variety of services to refugees, asylees, and victims of human trafficking. This service strives to help refugees become economically self-sufficient.

Refugee Services assists clients in obtaining employment, learning English, gaining job skills and helping with legal or medical difficulties.

### **Domestic Violence Programs**

Florida has 42 certified domestic violence centers to provide crisis intervention and support services to adult victims of domestic violence and their children.

**The Adult Protective Services Program** protects vulnerable adults from being harmed. These adults may experience abuse, neglect, or exploitation or they may not be able to take care of themselves. If a person knows or suspects abuse, they must report it to the Florida Abuse Hotline.

**The Florida Abuse Hotline** screens allegations of child and adult abuse/neglect to determine whether the information meets the criteria of an abuse report.

### **Social Security Programs**

- **Social Security Disability Insurance:** pays benefits to you and certain members of your family if you are “insured.”
  - Must have worked long enough to qualify
  - Must have paid social security taxes
- **Social Security Income:** pays benefits based on financial need

### **Social Security Definition of Disability**

The Social Security’s definition is based on your inability to work. You are considered unable to work if:

- You cannot do your work that you did before
- You cannot adjust to other work because of a medical condition
- Your medical condition is expected to last for one year or longer or result in death

### **Qualifications**

To qualify for Social Security Disability Insurance, you must meet some requirements. Below are the most important requirements that must be met:

- Must have worked in a job that is covered by Social Security
- Must have a medical condition that meets the definition of disability
- Must have worked long enough and recently enough
- Need 40 work credits to qualify, 20 of them earned within the last ten years
  - Work credits are based on total yearly wages
  - 1 credit for each \$1,160 of wages
  - Can earn up to 4 credits per year

There are some special circumstances when you are a younger worker.

- Before age 24: You may qualify if you have 6 credits in a three-year period.

- 24 to 31: You may qualify if you have credit for working half the time between 21 and the time you become disabled.
- 31 and older: Follow the chart below.

Born after 1929, Became Disabled At Age	Number of Credits You Need
31 through 42	20
44	22
46	24
48	26
50	28
52	30
54	32
56	34
58	36
60	38
62 or older	40

### Information Needed to Apply

When you apply, you should have the following information readily available:

- Social Security Number
- Proof of age (birth certificate/government ID)
- Name, address, and phone numbers of doctors, caseworkers, hospitals, and clinics that addressed your medical condition
- Dates of your medical visits
- Names and dosages of all medications
- Medical records from other doctors, therapists, hospitals, and clinics
- Lab and test results
- Summary of where you worked and the kind of work activities you did
- Most recent W-2 form
- A copy of your federal tax return

If you have members of your family that you also want covered, you will need:

- Social security numbers of all family members who qualify
- Proof of age for each member (birth certificate)
- Proof of marriage if spouse is applying for benefits

### How to Apply

You can apply for Social Security Disability Insurance in one of three ways:

1. Online at:

[http://www.socialsecurity.gov/applyfordisability/?\\_utma=176294311.364994332.1379601873.1385041010.1385045409.8&\\_utmb=176294311.17.9.1385047223967&\\_utmclid=176294311&\\_utmh=176294311.1385041010.7.6.utmcsr=bing|utmccn=\(organic\)|utmcmd=organic|utmctr=ssdi&\\_utmfv=-&\\_utmk=148186487](http://www.socialsecurity.gov/applyfordisability/?_utma=176294311.364994332.1379601873.1385041010.1385045409.8&_utmb=176294311.17.9.1385047223967&_utmclid=176294311&_utmh=176294311.1385041010.7.6.utmcsr=bing|utmccn=(organic)|utmcmd=organic|utmctr=ssdi&_utmfv=-&_utmk=148186487)

2. Toll Free at: 1-800-772-1213

3. Visit your local Social Security Office

Below are the forms that must be completed to process your application.

- Review Adult Disability Checklist (not required, but helpful)
- Complete the Disability Benefit Application
- Complete Adult Disability Report or Child Disability Report
- Complete the Authorization to Disclose Information to the Social Security Administration

### **The Disability Application Process**

The disability application process can take up to three to five months once you have submitted your application. The process is described below:

1. A social security representative reviews your application to make sure you meet basic requirements.
2. If you meet the requirements, your application is sent to your state's Disability Determination Services Office
3. Your state agency completes the decision by:
  - a. Doctors and disability specialists at your state agency asking your doctor for information on your condition
  - b. Using medical evidence from your doctors, hospitals, clinics, or institutions
    - i. What is your medical condition
    - ii. When did it begin
    - iii. How does it limit your activities
    - iv. What medical tests have shown
    - v. What treatment you have received
  - c. Ask about your ability to do work related activities:
    - i. Walking, sitting, lifting, carrying, remembering instructions
4. If more information is needed to make a decision, you will be asked for a special examination. This exam is paid for.

### **How You're Approved**

There is a step by step process the Social Security Administration uses to decide if you are disabled.

1. Are you working?
  - a. If you are working and make more than 1,040 dollars per month, then you will not be approved.  
\*If you are not working, move on to step two.
2. Is your condition “severe”?
  - a. Your medical condition must interfere with basic work related activities for your claim to be considered.  
\*If your condition does interfere, continue to step three.
3. Is your condition found in the list of disabling conditions?
  - a. For each of the major body systems, there is a list of medical conditions that are so severe that they automatically mean you are disabled. You may find the list here: <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>
  - b. If it is not on the list, then the Social Security Administration will decide if it is severe enough.  
\*If your condition is not on the list, then move on to step four.
4. Can you do the work you did previously?
  - a. If your condition is severe, but not at the same severity as the other medical conditions on the list, then your condition must interfere with your ability to do the work you did previously.  
\*If your ability to do work has been interfered, move on to step five.
5. Can you do any other type of work?
  - a. The Social Security Administration will consider your medical conditions, age, education, past work experience, and any transferable skills you may have.

### **When Benefits Begin**

When your application is approved, your first benefit check will be paid for the sixth full month after the date of your disability began.

- Example: Your disability began June 10<sup>th</sup>; your first benefit check will come December.

You are paid benefits the month after the month they are due.

- Example: Your December benefits will be paid in January.

The amount of your monthly disability benefit is based on your lifetime average earnings covered by Social Security. You can get an estimate through the Social Security Statement online or the benefits calculator.

Other types of aid may affect your disability benefits such as workers compensation, public disability benefits, and pensions. Many times your Social Security Disability Insurance will be reduced if you are receiving payment from one of these.

Certain family members may also qualify for disability benefits. Each member may be eligible for a monthly benefit of up to 50% of your disability rate. There is a limit to the maximum family amount. The total family amount is 150 to 180 percent of your disability benefit. When the sum of benefits is greater than the limit, the benefits to your family members are decreased proportionately, but yours are not affected.

### **Continuing Eligibility for Disability Benefits**

As long as you are disabled, your eligibility and benefits will continue. There are certain circumstances where you will no longer receive benefits:

- Your condition may improve and you are no longer considered disabled.
- You would like to go back to work rather than depend on your disability benefits.

\*You are responsible for letting the Social Security Administration know if your health improves or you return to work.

The law requires that Social Security reviews your case from time to time. They will inform you about the upcoming review and the status of your eligibility.

### **Reviewing and Ending Your Benefits**

Your case will be reviewed periodically to see if you are still disabled. How often your case is reviewed depends on your expected improvement for your condition.

- Expected: Your case will be reviewed within 6 to 18 months after your benefits start.
- Possible: No sooner than 3 years.
- Not Expected: No sooner than 7 years.

Your benefits will stop based on two criteria:

- You are able to work at a level that is considered “substantial.”
  - You are considered substantial if you have average earnings of 1,040 dollars per month.
- Your condition has improved to the point that you are no longer disabled.

There are certain work incentives that can help the transition between ending your disability benefits and going back to work.

### **Work Incentives**

Work incentives give you the opportunity to work while you are disabled while continuing cash benefits for a time. Some of these cash benefits include continued support through Medicare or Medicaid while you work, or help with education, training, and rehabilitation to start a new line of work. Below are the major work incentives that you may be eligible for:

- Trial Work Period: This incentive allows you to test your ability to work for at least 9 months.

- You continue to receive full benefits regardless of how much you earn as long as you report them and continue to be disabled.
- A trial work period is any month in which you receive at least \$750.
- Extended Period of Eligibility: After your trial work period you have 36 months which you can work and still receive benefits for any month your earnings are not “substantial”.
  - Earnings below \$1,040 are not substantial.
  - No new application is needed.
- Expedited Reinstatement: After your benefits stop because your earnings are considered substantial, you have five years in which you may ask for your benefits to be started again immediately.
  - No new application needed.
  - Benefits start immediately.
- Continuation of Medicare: If your benefits stop because of your earnings but you are still disabled, you still qualify for free Medicare Part A coverage.
  - Will last at least 93 months after 9 month trial work period.
  - You may continue to pay premium for Medicare Part B coverage.
- Work Expenses Related to Disability: Services that you would otherwise not pay for if you weren’t disabled will be covered by Social Security.
  - Such services can include: doctor visits, counseling, and public transportation.
  - Deducted from monthly earning so you receive maximum benefits.
- Ticket to Work Program: Helps you obtain vocational rehabilitation, training, job referrals, and other employment support services free of charge.
  - Services provided by employment networks, which are private organizations that have agreed to help disabled workers.

\*If you are interested, call 1-866-968-7842 or visit the website [www.choosework.net](http://www.choosework.net)

You will automatically be enrolled in **Medicare** after you have been receiving disability benefits for two years.

**Unemployment insurance**, also known as unemployment compensation, provides money to a worker who has become unemployed at no fault of their own.

**Retirement Benefits** is a form of social insurance payments paid to individuals 62 or older.

### Resources

<http://www.myflfamilies.com/>

<http://www.floridahealth.gov/AlternateSites/KidCare/>

<http://www.medicare.gov/>

<http://www.military.com/benefits/tricare/your-tricare-benefits-explained.html>

<http://www.medicaid.gov/>

<http://www.va.gov/healthbenefits/apply/>

<http://www.fns.usda.gov/wic>

<http://www.acf.hhs.gov/programs/ofa/programs/tanf>

<http://www.ssa.gov/>

<http://www.dol.gov/dol/topic/unemployment-insurance/>

[www.healthcare.gov](http://www.healthcare.gov)

## **Incarcerated Parents**

By Delaney Anderson

The number of children with incarcerated parents continues to increase. With this increase in number, child welfare staff is sure to encounter more families with an incarcerated parent. This training offers information on incarcerated parents and their children, as well as how the incarceration affects families and resources available to them.

### **Objectives**

From this training, you should be able to do the following.

- Learn about incarceration rates, rates of parents incarcerated, and the number of children with incarcerated parents.
- Understand how parental incarceration may affect the families and children.
- Discuss ways child welfare personnel can help families with an incarcerated parent.
- Identify resources available to social services agencies and families and children with an incarcerated parent.

### **Prevalence of Incarcerated Parents**

It is important to understand the numbers of incarcerations and learn how many families may be affected. These numbers highlight the large number of children and families affected by incarceration.

### ***Number of Incarcerated Individuals***

- In 2008, 1 in 100 individuals were incarcerated.
- Over two million individuals in the United States are incarcerated.



- The number of people incarcerated in the United States has increased 300% since 1980.

### ***Number of Incarcerated Parents***

- In 2007, 809,800 inmates were parents of minor children.
- From 1991 to 2007, the number of parents in prisons has increased 79%.
- In 2007, there were 744,200 fathers incarcerated and 65,600 mothers incarcerated.
- The majority of inmates have at least one minor child.

### ***Number of Incarcerated Children***

- In 2007 there were 1,559, 200 children with incarcerated fathers and 147,400 children with incarcerated mothers.
- About ten million children will have a parent incarcerated at some point in their lives. Over two million children had a parent incarcerated in 2010.
- About 15% of children working with public child welfare agencies have incarcerated parents.
- In 2009, 14,000 of the children who entered foster care (or 8%) did so because of an incarcerated parent.

### **The Effect of Incarceration on Families**

Incarceration affects the whole family. It affects the person incarcerated, the family of the person incarcerated, and the children of the person incarcerated. There are many ways that incarceration impacts the family and children – including financial, social, and emotional impacts.

#### ***Financial***

- The family may be losing a financial support with a parent being incarcerated.
- The child may have to change his or her living arrangements or move into a new home or with different family members.
- The family may have an unstable living situation that constantly changes or relies on other factors.

#### ***Social***

- It changes the relationship between the incarcerated parent and the child and changes the relationship between the parent that now supports the family and the child.
- The child may experience shame associated with having a parent incarcerated.
- The child may have trouble in school and interacting with his or her peers. The other parent may also feel isolated from his or her community and family.

#### ***Emotional***

- The child may experience feelings of fear, loneliness, depression, and lack of self-confidence.
- The child may have a fear of being abandoned, develop anxiety, or start displaying regression behaviors.
- The child may start abusing drugs or alcohol.

### **Ways to Help Children with Incarcerated Parents**

Because child welfare workers are sure to encounter children and families with incarcerated parents, this section provides some information on how he or she can help the child.

- Evidence suggests that some children benefit from being in contact with their incarcerated parent, especially when the parent's crime was not a crime against the child. Contact helps the child's emotional response to having a parent incarcerated, while also helping repair the attachment issues that arise from a parent's incarceration. Incarcerated parents can connect with their children through a variety of ways, including phone, physical visits, letters, or email.
- Encourage bonding between the non-incarcerated parent and the child. It is important to help the child feel secure in his or her relationship with primary caregivers. With a parent incarcerated, the child may be feeling a loss or fear of change. A stable relationship will allow him or her to feel safe and secure.
- The non-incarcerated parent may benefit from receiving information about services for which he or she qualifies. Losing a parent in a family places a greater financial burden on the other parent and he or she may be in need of financial and social service support, such as low cost child care.
- Help the family identify other family members and social connections that can help support the family in its time of need. This support may help the child feel secure in his or her relationships and decrease some of the burden put on the non-incarcerated parent.

### **Available Resources**

#### ***Resources for Working with Families with Incarcerated Parents***

- Children in Foster Care with Parents in Federal Prison:  
This toolkit offers information to social service staff about incarceration and protective factors for families experiencing the loss of a parent to incarceration.  
<http://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Toolkit.pdf>
- Children of Incarcerated Parents – This website offers information for child welfare workers about working with families with incarcerated parents. This includes information on how to support children and families with incarcerated parents.

<http://findyouthinfo.gov/youth-topics/children-of-incarcerated-parents/child-welfare-services>

- A Behavioral Health Toolkit for Providers working with Children of the Incarcerated and their Families: This toolkit offers extensive information for social service workers about working with families with incarcerated parents. It offers training and a variety of handouts that can be used when working with families.

<http://www.dshs.wa.gov/pdf/dbhr/youthtxtoolkit.pdf>

### ***Resources for Families with Incarcerated Parents***

- Big Brothers Big Sisters:  
This agency serves many different areas and matches boys and girls with mentors.  
<http://www.bbbs.org/site/c.9iIL3NGKhK6F/b.5962335/k.BE16/Home.htm>
- Mentor:  
This agency coordinates mentoring opportunities and allows you to search by area to see mentors available.  
[http://www.mentoring.org/state\\_partnerships/state\\_local\\_profiles.adp?](http://www.mentoring.org/state_partnerships/state_local_profiles.adp?)
- Sesame Street's Little People, Big Challenges: Incarceration:  
This resources offers videos for children to help cope with having a parent incarcerated. The toolkit offers a variety of activities for both children and parents.  
<http://www.sesamestreet.org/parents/topicsandactivities/toolkits/incarceration>

### **References**

<http://www.aecf.org/~media/Pubs/Topics/Special%20Interest%20Areas/Children%20with%20Incarcerated%20Parents/WhenaParentisIncarceratedPrimer/WhenAParentisIncarceratedPrimer.pdf>

<http://www.bjs.gov/content/pub/pdf/pptmc.pdf>

<http://www.cnn.com/2012/11/26/world/cnnheroes-prison-children/>

<http://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Toolkit.pdf>

<http://www.dshs.wa.gov/pdf/dbhr/youthtxtoolkit.pdf>

[https://www.nationalservicerresources.gov/files/legacy/filemanager/download/learns/MCIP\\_Senior\\_Toolkit.pdf](https://www.nationalservicerresources.gov/files/legacy/filemanager/download/learns/MCIP_Senior_Toolkit.pdf)

The Pew Charitable Trusts: Pew Center on the States. (2010). Collateral Costs: Incarceration's Effect on Economic Mobility. Washington, DC: Author

[http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/Economic\\_Mobility/Collateral%20Costs%20FINAL.pdf?n=5996](http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/Economic_Mobility/Collateral%20Costs%20FINAL.pdf?n=5996)

## 20 Apps That Can Help Keep You Safe



By Cristina Batista



With technology today, individuals have more access to good resources that they may not know about. For example, there are phone applications, or apps, that offer choices to women who are in danger of domestic violence and stalking. Many of these apps focus on domestic and teen dating violence safety, but also address general issues of safety as well.



This document contains a list of 20 apps, along with their specific descriptions. It is also indicated whether the app is free (most are) and what type of smartphone they can be used on. Some apps are very discreet and the person can download them without the fear of another person knowing






Phone Types:  *iPhone*  *Android*


**Aspire News** – Application which contains summaries of top stories in world, sports, and entertainment news, so that it can be safely downloaded to a phone without arousing suspicion. Additionally, the Help Section of the application contains complete resources for victims of domestic violence, as well as a way to get help when the victim needs it. *FREE*  


**Aurora** – The Aurora domestic and family violence app is for people experiencing domestic and family violence or for those worried about their relationship. It is also a valuable resource for those worried that a friend or family member is experiencing domestic violence. The Aurora app has been built with numerous safety features that allow women to use it discreetly and seek assistance without risk of “tipping off” a perpetrator and endangering themselves. Importantly, the app also allows the user to message their trusted friends and family members or call emergency services immediately. *FREE*  



**bSafe** – Safety alarm button that triggers in time of emergency or threatened and tense situations. Just like its slogan “Never walk alone”, this app is like a security net for you that sends alarm messages when you are in danger. The contacts saved in the settings of the app, as “Guardians,” are sent text messages with the location and pre-configured alert message. The free version of bSafe allows the app to send message to three Guardians, while unlimited Guardians can be added if the user updates to premium version. Including the text message, there is an option of generating a fake incoming call. The premium version of bSafe costs \$1.99 per month or \$14.99 annually. *FREE version*  

**BuddyGuard** – An Instant Protection feature uploads audio and camera images from the individual’s device in real time to Internet servers, along with GPS coordinates when activated, so the information captured cannot be deleted if the phone falls into the wrong hands. The person can set a check-in timer which requires them to provide an “all clear” back to BuddyGuard when they’re meeting someone after a set period of time; if they don’t check back in, BuddyGuard will raise alarms with the contacts selected in the app. *FREE*  

**Check In On Me** – Check In On Me is a proactive automated personal safety system designed for mobile devices. They check on the phone holder according to the time frame they set. If they don't get the right response in the right amount of time, they contact your selected and confirmed friends and family. This can be useful to a person where distressing situations are escalating, especially if the user does not have the phone at the time of the incident. The time limits and can be changed to fit the situation a person is facing, such as walking across campus at night after a class or party. *FREE* 

**Circle of 6** – The user friendly app allows the user to raise alert in an emergency or threatening situation. Upon tapping the icon of the app twice, it generates pre-programmed text messages to six contacts, whose contact details are pre-configured. These messages will include the location, address or a request to call back to avoid any tense situation. Besides from specific, customized messages, the app also contains numbers of emergency helplines. *FREE* 

**Friend to Friend** – Created by an advocacy, education, and emergency shelter agency in Moore County, North Carolina, which supports victims of domestic violence and abuse. App can be used to make an emergency call, get information on resources, and contact the Friend to Friend office. *FREE* 

**Guardly** – The app keeps important details which could be saved on the profile page for identification purposes such as date of birth, hair color, height, weight, physician’s name and number, medical information, insurance details, etc. Guardly can make calls to the pre-chosen numbers on the phone. The phone call would deliver the name of the user, location, and the kind of emergency the user is in. *FREE*  

**HopeLine** – This app provides tools and materials needed to take action against abuse and individuals can donate their old phones by mail, so the phones can be used by domestic violence victims and survivors. Instantly access a wealth of nationwide domestic violence resources, and learn about the inspiring history of HopeLine, read up on the latest HopeLine success stories. Most importantly, the HopeLine app features an emergency call button that connects users to the National Network to End Domestic Violence. (NNEDV). *FREE* 🤖

**One Love MyPlan** – This app determines if a relationship is unsafe and helps to create the best action plan by weighing an individual’s unique characteristics and values. This tool can help differentiate between the typical “ups and downs,” and a potentially unsafe situation. *FREE* 🍏  
🤖


**ProtectEM** – Designed to assist victims of domestic abuse and can link victims to emergency, police, and social services, empowering them to better manage the abusive situation. ProtectEM makes these services available on the go, placing accessibility at their fingertips. *FREE* 🍏 🤖

**R3** – R3 stands for Recognize, Respond and Refer and is the first mobile domestic abuse screening tool in the U.S. The app uses HITS, a four question screening tool, to assess if a patient is a victim of abuse. Using the app, health care and other professionals will ask patients to respond to each of the questions using a 5-point scale. A high score will alert a professional to offer help to the patient and make a referral. Steps on how to help or seek help are provided and the person can then access contact information for the nearest domestic abuse service provider in the United States by simply entering a zip code. Two entry portals allow for differing resources and steps to be provided for both those in abusive relationships and professionals providing assistance. *FREE* 🍏 🤖

**RUSafe** – The app uses a series of questions to assess if a user is a victim of abuse, the user will answer the Y/N questions. Based upon the answers, the user is given contact information to call the 24-hour hotline at Women’s Center and Shelter of Greater Pittsburgh. *FREE* 🍏  
🤖



**Safe Circle** – Keeps mobile users and friends safe from sexual violence when going out, on a date, or just in a situation where they would want some extra security. They can create a safe circle of







closest friends, write entries with details about their night, and send/receive alerts and check-ups. Safe Circle also allows an individual to create entries about their night through the Circle My Date feature where a person can enter information about where they're going, who they're with, etc. **FREE** 

**Scream Alarm** – This app provides security for times when women find themselves in the middle of insecure locations and situations. The application screams aloud in a female tone, helpful for when the woman feels it may be difficult to make any kind of sound for self-defense.

**FREE** 

**Sentinel** – Sends multiple alert messages and mails from the woman's phone. The messages will be sent to the pre-chosen numbers in times of a crisis. The alert messages would contain the information such as the location where the woman had last been at, direction of travel, mode of transportation and the vehicle number. These details have to be entered by the user. The messages will be triggered by itself at three possible circumstances: firstly when the user's phone loses its signal for some time a 'fail safe' message will be sent, secondly when the app is incorrectly being exited and lastly when the earpiece is forcibly being switched off. **FREE**  


**Sessions with Sammie** – This is an interactive video support app for both victims and their families. This video support program explains how DV can develop within relationships, how it takes hold of you and why you can find it so hard to leave. Insights are given that would benefit both the victims and their family and friends. Sammie talks openly about her 10 year abusive marriage, rape and violence, she shares her story and how she broke free, and gives the viewer hope and the practical steps that will get them to safety and freedom. This app also includes social media support and a chat messenger for engagement & support with others. **FREE**  

**TD411** – Designed to bring awareness about teen dating violence & electronic victimization, this application provides information teens would need to avoid abuse and assists them in finding help when they really need it. It contains a different quizzes and information for teens, as well as links to contact specific organizations. **FREE**  

**WatchMe 911** – This is a personal security app that contains four alert modes and a "Watch" system that can be personalized to any situation. The individual can add an unlimited number of contacts, and the app contains seven alarm sounds and a flashlight. It connects to 911 and contacts by phone, text and email and has Facebook and Twitter alert capability. There is also continuous GPS monitoring available and alerts include a map with the person's location. **FREE**



**Women's Security App** – Whether a person is in immediate trouble or got separated from friends during a night out and doesn't know how to get home, having this app on their phone can reduce risk and bring assistance when needed. It was originally developed for students to

reduce the risk of sexual assault on campus, but is suitable for all women. The person is able to select one person that a distress signal could be sent to, via text message or email, and includes current position. The distress signal is a 45 second recording that can be activated by one tap to app widget and sends automatically after finishing. **FREE** 

## **‘Outstanding Fathers’ Recognized by DCF and Former NFL Head Coach, Tony Dungy**

**For Immediate Release:**

Feb. 5, 2014

**Contact:**

Michelle Gladly  
Press Secretary  
(850) 717-4450

### **‘Outstanding Fathers’ Recognized by DCF and Former NFL Head Coach, Tony Dungy**

Dads who have overcome parenting challenges are recognized as “Fathers as Leaders”

**TALLAHASSEE**—Today, in honor of Parents Anonymous designating February as “National Parent Leadership Month,” the Florida Department of Children and Families (DCF) announced that they have teamed up with its Community-Based Care (CBC) partners and Family First to recognize outstanding fathers. These men have modeled and maintained positive family values and active engagement in their children’s lives for the past six months or longer.

“The task of being a good father is never easy, nor is it a task every man is willing to take on,” Interim Secretary Esther Jacobo said. “Each of these remarkable men deserve this honor and I hope they know their effort to support their children has not gone unnoticed.”

In October, DCF called statewide partner CBC organizations for nominations of fathers in active cases (prevention, in-home, out-of-home or post-placement supervision) who deserve recognition for progress made in committing to positive and meaningful behavior change, desire to actively engage with their children and understanding the importance of their role in the lives of their children.

“Being a father is more than biological, it is a great responsibility and a wonderful opportunity to invest in a child’s life. To provide love, nurturing, instruction, direction and encouragement has a lifelong impact on any child and is an immeasurable joy for the father,” said Kurt Kelly,



CEO of the Florida Coalition for Children. “These 23 amazing fathers, and those around the state who play the role of parent everyday deserve all of our appreciation and recognition.”

One dedicated father drove six hours weekly to build a bond with his child and confirm his child’s needs were being met. He continued to maintain employment ensuring they could one day be reunited. He demonstrated empathy and understanding of the difficult transition his child was going through.

Another devoted father with a disability requiring medical management also has a son with special needs. He recognizes that his son depends on a positive role model in his life to encourage him that he can reach his full potential even with his disability.

The department is delighted to announce 23 outstanding fathers who have each overcome enormous challenges, demonstrating that they are “Fathers as Leaders.” They will each receive an ‘All Pro Dad’ shirt, and a personally signed congratulatory letter from former NFL head coach, Tony Dungy, applauding their efforts and recognizing their achievements.

For more information on the Florida Department of Children and Families, please visit [www.myflfamilies.com](http://www.myflfamilies.com).