



WHO WE ARE: The **FLORIDA CRISIS PREGNANCY RESOURCE CENTER (FCPRC)**, is a nonprofit, crisis pregnancy resource and referral agency. We partner with community resources and assist our client's to navigate through available services to empower the family and to encourage stability. Our goal is to strengthen families and **FILL THE GAPS** in services. The Florida Crisis Pregnancy Resource Center's purpose is to facilitate navigation through community resources and provide guidance for pregnant women in crisis.

WHAT WE DO: The FCPRC provides services to pregnant women in crisis and to birth parents by providing **resources, referrals and social service resource navigation.**

We link clients with, and provide life skills training, education and employment planning; health and nutrition resources and education; mental health and substance abuse concerns.

We recognize our clients experience problems such as late prenatal care, an unwanted pregnancy, insufficient income, unemployment, or underemployment, housing problem, and/or transportation issues and want to provide resources for family health and stability. Research suggests increased issues with child abuse and neglect during times of crisis. Therefore, in addition we are committed to addressing clients' parenting concerns with resources and referrals which address: *bonding and attachment; lack of knowledge or limited knowledge of discipline options and/or positive parenting skills; lack of knowledge or limited knowledge of child development and developmental milestones; parental resiliency; social and concrete support systems; and lack of social and emotional competency of the children in the family.* Often families have a history of, or current issues with, abuse or neglect, domestic violence, substance abuse, and mental health concerns. The program encourages family stability and increased support systems, through a mentoring program. We work with Community Partners to provide families with referrals to community services, as we help them develop their Individualized Development Plan.

HOW TO HELP: We are currently building a resource/referral network, and would like to partner with your organization to provide services to this population. **It is our aim to fill gaps in services rather than duplicate services.** If you have any literature or handouts which explain your services and eligibility requirements, which we can pass on to our clients, we would be grateful if you could mail them to our office, or email them to us direct. Our email and address is on the referral form.

Refer to us: Please keep our agency in mind if you have a client in a Crisis Pregnancy situation, who might benefit from services we can provide. The Florida Crisis Pregnancy Resource Center does not discriminate and aims to treat all clients with compassion, dignity and respect. In addition, the Agency recognizes and appreciates the importance of building and maintaining great relationships with community partners.

PLEASE USE THE REFERRAL FORM ON BACKSIDE

REFERRAL INFORMATION FORM

Date: ____/____/____

Name of person making referral: _____ Agency: _____
Position: _____ Contact Number: _____ Email: _____

Client Name: _____

Home Address _____

City, State, Postal Code _____

Date of Birth: _____ Phone _____ E-mail Address _____

Marital Status (circle all that apply): Single Married Co-habituating Widowed Divorced Other: _____

Prenatal: Expected Date of Delivery: ____/____/____ Postnatal: DOB of Child: ____/____/____

Crisis Situation _____

Reason for Referral (Please check all that apply):

- Late prenatal care or lack of care
Unwanted Pregnancy
Insufficient Income/ Employment Issues
Housing Issues
Transportation Issues
Health and Nutrition Issues

Concerns with:

- Bonding and Attachment
Discipline Options and/or Positive Parenting Skills
Child Development or Developmental Milestones
Parental Resiliency-Managing Stressors
Social Connections and Concrete Support Systems- Resource Navigation
Lack of Social and Emotional Competency of Children in Family

History of or Current Issues with:

- Abuse or Neglect
Domestic Violence
Substance Abuse
Mental Health Concerns
Other: _____

Contact Information

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