

"Sister Friends" Advocacy for Women



"A lot of people have gone further than they thought they could because someone else thought they could. You have to believe it's possible and believe in yourself".

We all experience different life changes that bring us to the decision to pursue a new direction, which is the common thread we share as women. However, each life change poses different challenges, and it's always easier to make a transition when you can get advice from those who can relate and who are/have gone through similar circumstances.

Let us link you with a '**Sister Friends**' Advocate to provide one-on-one supportive services.

The goal of supportive case management is to meet your needs at your level of readiness in order to restore or sustain stability. Upon request and/or referral, a woman is linked with a peer advocate to provide supportive case management services for up to (1) one calendar year, be someone to talk to, help address problems and coping skills, challenge them, offer insight, encouragement, empowerment, provide them linkages to community and/or employment resources, help you develop and reach your goals, etc. The peer advocate will help assess, plan, implement, coordinate, monitor, and evaluate the options and services required to help you reach your level of self-sufficiency. We shall maintain your privacy, confidentiality, health, and safety.

We are here to help! Servicing Clayton, DeKalb, Fulton and Gwinnett Counties



LadyButterfliesGeorgia



@ladiesthatrock

Contact Us:

Mail: 4160 Logan Drive, PO Box 1629, Loganville, GA 30052

Email: PCWomensDiv@yahoo.com

Website: www.ladybutterflies.org

Office: (678) 902-5239

Lady Butterflies – Social Supportive Services for Women & Teen Girls in Transition

"Sister Friends" Advocacy for Women Referral Form



To refer yourself or your client to us, please fill out the form below.
Our Staff will contact the client within 24-48 hours.

Date _____ Referring Name _____
Referring Agency _____
Telephone () _____ ext _____ Email _____

Client Name _____ Zip Code _____ Age _____
Telephone () _____ Email _____ Initial/Repeat _____
Primary Language _____ Have Children? Y or N (# _____) Pregnant? Y or N Employed? Y or N

Reason for Referral (Circle all that apply)

Housing Assistance (Rent/Mortgage Payment Assistance)	Utility Payment Assistance (Gas, Electric, Water, Phone)	Food Assistance / WIC	Transportation (Work, School, or Medical Appt)	Clothing: Child	Clothing: Adult	Help with Homework / Tutoring
Child Care / Preschool / Headstart	Employment Assistance	Health / Dental / Vision Insurance / Immunizations	Weight Management / Fitness / Nutrition	Teenage Issues / Concerns	Computer Training	Performing Arts / Entertainment / Arts & Crafts
Counseling: Family, Individual, Youth	Parenting Education	Adult Education / GED / ESL / (Learning or Help with Reading / Writing)	Legal Services – Marriage, Divorce, Abuse, Child Support, Neglect	First-Time Homebuyer Assistance	Camp Information	College / Financial Aid Assistance
Foreclosure Assistance	Landlord Tenant Issues (Dispute, Rent Escrow, Deposit Return)	Ex-Offender Services (Expungement)	Small Business Development (Starting, Growing, Maintaining)	Church / Spiritual / Religious Services	Volunteer Opportunities	Girl Scouts / Boy Scouts

___ Cognitive Skills (Thinking, Understanding, Reasoning, Learning, etc..)
___ Social & Emotional Skills (Feelings, Coping, Getting Along with Others, etc...)
___ Communication Skills (Communicating with Others, Expressing Self, Learning how to say NO, etc...)

Additional Notes that may be helpful to us OR List area of interest not listed on this form:

Individual Income:
A – under \$20,000
B - \$21,000 - \$40,000
C - \$41,000 - \$60,000
D - \$61,000 and above

Race:
Asian
Black
Hispanic
Mixed
White
Other

Please return form:

Email: PCWomensDiv@yahoo.com

Mail: 4160 Logan Drive, PO Box 1629, Loganville, GA 30052

* Please do not make this referral if your client is unaware of the referral and is not aware of the services we provide