

ALASKA FAMILY SERVICES

Alaska Family Services offers support services to the Matanuska Susitna Borough with offices in Palmer, Wasilla, Seward, Kenai, and Homer. Alaska Family Services began in 1979. Since that time (AFS) has served thousands of families.

Alaska Family Services offers:

Public Safety

- A. 24 Hour Emergency Shelter
- B. Protective Orders
- C. Crisis Intervention
- D. 24-Hour hot line
- E. Sexual Assault Response Team
- F. Family Violence Intervention Program

Family Unification

- A. Parenting Skill Classes
- B. Family Support & Preservation Program
- C. Women's Residential Reunification Action Program

Treatment Services

- A. Substance abuse treatment for adults, adolescents and families
- B. Family & Marriage Counseling

Support & Healing

- A. Support Groups
 - 1. Domestic Violence
 - 2. Anger Management
 - 3. Safe Kids Group

Childcare

- A. Childcare services
 - 1. Childcare Assistance
 - 2. Childcare Food Program
- B. W.I.C. (Women, Infants & Children)

Community Outreach

- A. Provide meals and gifts for holiday season
- B. Provide Informational Seminars on DV/SA and drug and alcohol abuse.
- C. Alcohol Safety Action Program
- D. Alcohol, Drug & Information School

Alaska Family Services could not successfully pursue its core purpose of "Services for families through Intervention, Referral, Collaboration and Education." without the kind and generous support of individuals and business's in the Mat-Su Valley. Your membership will be used for the direct care of the families that enter our services.

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- \$30.00 Membership receives the agency newsletter.
- \$100.00 Patron Membership receives the agency newsletter, recognition in the newsletter.
- \$150.00 Silver Club Member receives the agency newsletter, recognition in the newsletter, (1) Libby Riddles Print.

Alaska Family Services is a 501(c)(3) non-profit and therefore your contribution may be tax deductible. Do you know someone that would like to become a member? If so, please take a moment and send us their name and address:

Membership Referrals:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____