Project A.C.T. (Assisting Care-giving Teens), is an outreach program that provides services to pregnant and/or parenting teens (mothers and fathers, including their caregivers) attending Buffalo Public Schools. Students are referred by BPS staff, by community organizations, or self-referral. Project A.C.T. coordinates support services by forming links between families, community agencies and schools. Additionally, Project A.C.T. provides resource services and information that supports both the student’s and the child’s physical, social, and emotional development.

Project A.C.T. Overview of Provided Services:

- Resources on pregnancy, child rearing, and home-life
- Assistance with completing and submitting important paperwork, such as for:
  - Family Court
  - Paternity
  - Child support
  - Day Care
  - Vouchers
  - BPS Pre-school Applications
- Assistance with scheduling and keeping medical appointments
- Help with academic needs including home instruction and tutoring programs
- Monitoring of academic and career goal paths and achievement
- Referrals to community organizations that specialize in working with pregnant and parenting teens
- School and home visitation
- Provision of new and gently used baby items

To make a Project ACT referral:

Complete a Project ACT Referral and Release Form and fax to 878-9723 or email to Kolleen Kandra, Health Related Services Administrative Assistant, at kkandra@buffaloschools.org

- Referral and Release Forms can be found on the Health Related Services page of the BPS District website under Project ACT and on Schoology in the Office of T3P folder

Contact one of the Project ACT Community Education Leaders

- Shawn Thurmond at 816-3597 or stthurmond@buffaloschools.org
- Dewel Perez at 816-3666 or dperez@buffaloschools.org
PROJECT A.C.T. REFERRAL & RELEASE OF INFORMATION

Student Information

Name: ________________________________ ID#_________________ DOB: ______________

Address: ______________________________ Zip: ______________________________

Phone: ____________________ Sex: _______ Due Date: ________________
(male/female) (or Child’s D.O.B.)

School: ___________________ Grade: ______ Phone#:__________________________

Referred By: ___________________________ Phone: _________________________
(Print name) (Title)

Email: ______________________________

I authorize Project A.C.T., Buffalo Public Schools Pregnant & Parenting Teen Program to:

☐ receive any and all information concerning the above name

☐ release any and all information concerning the above name

_________________________________  __________________________________
(Student signature) (Date)

Comments: