



Buffalo Public Schools
Office of Teen Pregnancy Prevention & Parenting
kkandra@buffaloschools.org
Phone: (716) 816-3912
FAX: (716) 878-9723

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 sthurmond@buffaloschools.org
- Dewel Perez at 816-3666 or dperez@buffaloschools.org



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PROJECT A.C.T. REFERRAL & RELEASE OF INFORMATION

Student Information

Name: _____ ID# _____ DOB: _____

Address: _____ Zip: _____

Phone: _____ Sex: _____ Due Date: _____
 (male/female) (or Childs 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:
