



SAFE HOMES™ Campaign

City _____ Date _____

The risks posed to children and youth by tobacco, alcohol and prescription drugs are much greater because their brain development continues until their mid-20s. Will you pledge to foster a Safe Home environment and place it in a visible location of your home?

Printed Name: _____

Signature: _____

Cell phone #: _____

(will be contacted to optin for receiving any text messages)

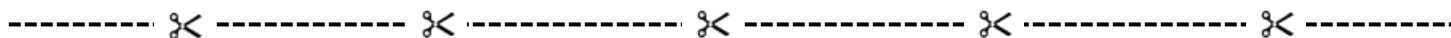
Email address: _____

Are you a Parent/Guardian of children 9 – 20: Yes ____ No ____

Count by Age of Children: 0 – 4: ____ 5 – 11: ____ 12 – 14 ____ 15 – 17 ____ 18 – 20 ____

Are any residents using tobacco and wish to quit? Yes ____ No ____

Parents return this half.



Parents keep this half.

THE SAFE HOMES PLEDGE

- 1) I will actively supervise all gatherings or parties of youth in my/our home or on my/our property, or ask another responsible adult for help to do so.
- 2) I will not allow the possession or use of alcohol, tobacco, or other drugs by youth in my/our home or on my/our property.
- 3) I will set expectations for my/our children by asking them to commit to being alcohol and drug-free, and by knowing where they are going, who they are with, what their plans are, and when they are to return home.
- 4) I will provide a secure storage place for all forms of alcohol, tobacco and prescription drugs in my/our home.
- 5) I will talk with any parent of a child I personally observe using alcohol, tobacco, or other drugs.

NAMES OF YOUR CHILDREN _____

SIGNATURE _____ DATE _____

For more information about SAFE HOMES visit HEARTSforFamilies.org or text **HEARTS** to #33222 on your cell phone to receive brief SMS updates

Display this pledge with pride to show your commitment to providing a Safe Home for your family.

