

Catholic Charities Pueblo's Family Resource Center

www.pueblocharities.org



Have A Child 0-5?

Take advantage of these **FREE** voluntary in-home programs!

Early **DEVELOPMENT** is fundamental to the **GROWTH** of your child.

Parents As Teachers

Parenting education program for families with children 0-3 years of age. The program offers personal visits customized for the needs of *your* family. Home visits promote the parent's role as their child's first and most important teacher. The program includes child health and development screenings, group meetings and other resources.

543-7739 Ext. 120

SafeCare® Colorado

Weekly home visits for families with children 0-5 years of age. The program offers direct skill training and resources for parents who need extra help with managing child behavior, keeping their home free of safety hazards, or basic health care needs. **543-7739 Ext. 114**

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Provides families with children 3-5 years of age, books and materials to prepare their child for success in school. Well-trained peer home visitors deliver the curriculum during the school year. HIPPY promotes school readiness and early literacy through parent involvement. HIPPY bridges the Achievement Gap and makes learning fun! **586-8605**



Being a Parent is hard work.
Our home visitation program help parents understand child development and connects them to the resources they need to make the best choices for their families.



Growing
Together

**** Services available in Spanish ****

Catholic Charities serves people of all faiths
Educational programs are evidence-based

429 West 10th Street
Pueblo, CO 81003
(719) 544-4233
Revised 3/1/17



Family Resource
Center Association



SafeCare Colorado





**Catholic Charities
Pueblo's Family Resource Center
Agency Referral Form**

- Check Program for Referral: SafeCare Parents as Teachers HIPPY Nurturing Parenting
 Love & Logic Home Stability Family Support Services Bright Beginnings HB1451
 Rehire Project Access Family Leadership Institute (FLTI) Cooking Matters
 Immigration

Today's Date: _____ Name of Individual Being Referred: _____

DOB _____ Address: _____ CITY: _____

ZIP: _____ Phone: _____ Ok to leave message Yes No Text Yes No

Spanish Speaking only: Yes No How did the family learn about Program: _____

Was BB visit completed? Yes No If yes, what packet? A B C Reliable Transportation: Yes No

INFORMATION ABOUT CHILD(REN) (If Applicable)

Child's Name: _____

Child's Name: _____

Child's DOB/Due Date: _____ Sex: M F

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Referral Source Information

Referral Program: _____ Date of referral: _____

* Individual making referral: _____ Contact # or Email: _____

Reason for making a referral? _____

Risk Factors

- | | | |
|--|--|--|
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Military | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Homeless/Unstable | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Any child in home with developmental delays or disabilities |
| <input type="checkbox"/> Low Education | <input type="checkbox"/> Incarcerated Parent | <input type="checkbox"/> Pregnant not yet age 21 |
| <input type="checkbox"/> Serious behavior concerns | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Parent or any child with low student achievement |
| <input type="checkbox"/> Underinsured/Uninsured | <input type="checkbox"/> Multiple children under 5 | <input type="checkbox"/> User of tobacco products in home |
| <input type="checkbox"/> Court Appointed/Foster | <input type="checkbox"/> Immigrant/Refugee | <input type="checkbox"/> Child w/disability/chronic health condition |
| <input type="checkbox"/> Parent Mental Illness | <input type="checkbox"/> Adoptive Parent | |
| <input type="checkbox"/> ESL/Limited English | <input type="checkbox"/> First time parents | |
| <input type="checkbox"/> Substance Abuse | | |

COMMENTS/CONCERNS: *Please note involvement with other agencies*

For Office use only:

Referral # _____ Date of Follow up: _____

Received Service Yes No

Reason for not accessing referral: _____