Catholic Charities Pueblo's Family Resource Center

www.pueblocharities.org



Have A Child 0-5?

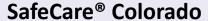
Take advantage of these **FREE** voluntary in-home programs!

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



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.



** 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















Catholic Charities Pueblo's Family Resource Center Agency Referral Form

Check Program for Referral: SafeCare Parents as Teachers Love & Logic Home Stability Family Support Services Rehire Project Access Family Leadership Institute (Fl	HIPPY Nurturing Parenting Bright Beginnings HB1451 LTI) Cooking Matters
Immigration	
Today's Date: Name of Individual Being Referred:	
DOB Address:	CITY:
ZIP: 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)	
	e: Sex: M F F
Referral Source Information Referral Program: Date of referral: * Individual making referral: Contact # or Email: Reason for making a referral?	
Homeless/Unstable Domestic violence Low Education Incarcerated Parent Serious behavior concerns Single Parent Underinsured/Uninsured Multiple children under 5 Court Appointed/Foster Immigrant/Refugee Parent Mental Illness Adoptive Parent ESL/Limited English First time parents Substance Abuse	Any child in home with developmental delays or disabilities Pregnant not yet age 21 Parent or any child with low student achievement User of tobacco products in home Child w/disability/chronic health condition
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: