

# Infant Child Enrichment Services

## Raising Healthy Families Program

### Home Visiting Parenting Support

- Referrals for in-home parenting support start with a request from a parent or family or a referral from an agency working with the family (i.e. TCBH, CWS, Schools, CNVC and other agencies).
- **Parents/Families participate in weekly in-home visits** with a *Family Support Specialist* after an intake is done, usually within a week of receiving a referral.
- Visits are individualized and paced to accommodate the family's needs while working on parenting goals and healing from adverse experiences the family has been faced with.
- Protective factors that make a family strong are emphasized.
- Referrals are made to other service providers in the community per family needs.
- Family Support Specialist provide advocacy and support (i.e. join parents at a school meeting for an IEP)
- Parenting services are free and voluntary and usually last 6 months – 2 years.

### Parenting Classes

- **All parenting classes are free and voluntary**
- **Evening classes –**
  - Class topics rotate throughout the year – topics include Childhood Trauma, Calling All Dads, Parents/Teens, Parenting Your Spirited Child, and Nurturing Parenting. All age groups are targeted (0 through 18 years old)
  - Child care is provided on site and a light meal is served
- **Specialty classes** - Parenting Through Recovery (Dependency Drug Court) and topic- specific workshops
- **See our Raising Healthy Families brochure or visit the ICES website for current class topics and times**

### Parent Leadership Opportunities

- Annual three-day training for parents wishing to take parenting a step further; the focus is on ways of making their families stronger and finding opportunities for community advocacy.
- Monthly parenting meetings (i.e. Discussion of parenting topics /speaker meetings, planning annual training) for graduates and other parents wishing to become parent leaders.

### Workshop/Support Groups

- Raising Healthy Families can design specific workshop/support groups for specific audiences upon request.

### A Family Can Receive Services By:

- **Calling ICES/Raising Healthy Families at (209) 533-0377**
- **Sending a referral to ICES/Raising Healthy Families** - referrals can be made by the parent or other service providers working with the family.
- Contact with the family is made within the week of the referral.  
All parents involved with **Raising Healthy Families** are given guidance and encouragement using evidence based practices. They work toward reducing toxic stress in their lives and finding ways to nurture the relationships with their children with a focus on connection and love.

### ICES ALSO PROVIDES:

**Resource and Referral Program:** Referrals for parents seeking child care in the community, as well as training and support to child care providers.

**Alternative Payment Program:** Assistance paying for child care through state subsidies, for families with children age 0 - 12 who meet eligibility criteria (based on need and income).

**INFANT CHILD ENRICHMENT SERVICES  
RAISING HEALTHY FAMILIES REFERRAL FORM**

Fax Number: 533-4017

Phone Number: 533-0377



**Recommended Services:**

In-home parenting education/support

Parenting classes:

Required #?  Required Topic?: \_\_\_\_\_

Other

**Name of referring person:** \_\_\_\_\_

Name of referring agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Referral Date:** \_\_\_\_\_

**FAMILY INFORMATION:**

Name of Parent(s): \_\_\_\_\_ Phone number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of child	Birth date	Ethnicity	Disabilities
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**REASON FOR REFERRAL/STATEMENT OF FAMILY NEEDS:**

(Please describe any concerns you have and what areas of parenting you would like us to focus on)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR RHF USE ONLY:**

DATE OF INTAKE: \_\_\_\_\_

Signed up for: In-Home \_\_\_\_\_

Classes: \_\_\_\_\_ Other: \_\_\_\_\_

Assigned to: \_\_\_\_\_

**Type of Referral:**

Self-Referral

SELF program

School: \_\_\_\_\_

Other Community Partner: \_\_\_\_\_

CWS

Court Ordered (DDC/CWS)

Probation