



**healthy families
dutchess county**

An Affiliate of Healthy Families America™

Dutchess County Healthy Families: Information for Parents and Families



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How to Get Involved!

Who is eligible for the program?

Parents who are pregnant or have at least one child less than 3 months of age may be eligible to be screened for services.

Dutchess County Healthy Families: The Institute for Family Health

Serves 7 Zip Codes in Dutchess County:

- *City of Poughkeepsie (12601)*
- *Town of Poughkeepsie (12603)*
- *City of Beacon (12508)*
- *Town of Hyde Park (12538)*
- *Village of East Fishkill (12533)*
- *Town of Fishkill (12524)*
- *Village of Wappingers Falls (12590)*

Office Location:

Poughkeepsie Office

29 North Hamilton Street

(Suite 209)

Poughkeepsie, NY 12601

The first step...

- Anyone can make a referral to HFNY for you; you can even refer yourself! Simply fill out the attached Community Referral and send to the office in person, mail, email or fax.



Why Healthy Families?

What We Do:

Home visitors can support expectant and new parents with information about prenatal care and well-baby visits, and assist them in making appointments.

They can answer questions about child development and help parents maintain a safe and supportive environment for their family.

Healthy Families Works to:

- Improve birth outcomes
- Provide activities to support healthy child development
- Promote success in school
- Support families in their role as a parent or caregiver
- Include the whole family
- Connect you with community resources



Photo courtesy of Healthy Families New York

What to Expect

Once a referral is received...

- Our **Family Resource Specialist** will reach out to your family.
- The Family Resource Specialist will set up a meeting with your family to help identify the successes and stressors that are unique to your family in the form of a Parent Survey.
- After the Parent Survey, personalized referrals are provided that meet your family's needs and goals.
 - **We strive to talk with all expectant parents and parents of newborns in the communities we serve. Our goal is to identify strengths and challenges prenatally or at birth and provide appropriate information and referrals to help you and your babies get off to a healthy start!**
- Support is offered at **no cost** to the family. Families who participate in Healthy Families may be offered long term in-home services until their child enters school or Head Start.

What's next...

- **The Family Support Specialist will support your family by:**
 - **Connecting you** with medical providers for prenatal/well-baby visits and immunizations.
 - **Providing information** on prenatal care, parenting, infant and child development, and child health.
 - **Demonstrating activities** for you to practice with your child to increase bonding and to stimulate brain and physical development.
 - **Assessing your child** for developmental milestones and providing referrals for early intervention if needed.
 - **Helping your family** access community resources and services, such as job training, ESL classes, legal services, GED preparation classes, and health care.
- Services may include in-home visits beginning on a weekly basis and decreasing over time as your family's needs change. Home visits typically last an hour.
- **Other home-visiting activities include:**
 - Child development resources
 - Prenatal Support
 - Parent/Caregiver Support Groups
 - Breastfeeding Information & Support
 - Family Goal Planning
 - Relationship Building
 - Referrals to Community Resources

Healthy Families New York Works!

- **48% reduction in low birth weight (LBW) deliveries among women who enrolled before the 31st week of pregnancy**
- **50% less likely to repeat first grade**
- **70% more likely to score above grade level in first grade on three specific behaviors that promote learning**
- **At age 2, home visited mothers were more likely to endorse appropriate limit setting strategies**



Photos courtesy of Healthy Families New York



Photo courtesy of Healthy Families New York

Contact Information

Dutchess County Healthy Families

29 N. Hamilton St, Suite 209
Poughkeepsie, NY 12601
(845) 452-3387

Healthy Families New York is funded through the Office for Children and Family Services

Make a Referral

Referring person: _____ Referring from: _____

Phone: _____

Email: _____

Client information

Name: _____ DOB: _____

Phone: _____

Address: _____

Zip code: _____

Preferred language _____

Email: _____

Pregnant? Y / N if yes, due date: _____

Name/DOB of child(ren): _____

In need of other assistance (specify below):

☐ Health Insurance ☐ Mental Health ☐ Housing ☐ Homelessness ☐ Food ☐
Childcare☐ Medical Appointments ☐ Substance Use ☐ Employment ☐ Clothing ☐
Inadequate Income☐ Safety or Violent Situations ☐ Family Planning/Birth Control ☐ Breastfeeding
Information/Support☐ Training/Education ☐ Other (describe): _____

By signing this form, I understand that the information I provide will be shared with another agency. I understand that this referral is not a guarantee that I will be accepted into a home visiting program.

Client signature: _____ Date of referral: _____

Hacer una referencia

Personal referente: _____ Remitido desde: _____

Teléfono: _____

Correo electrónico: _____

Información del cliente

Nombre: _____ Fecha de nacimiento: _____

Teléfono: _____

Dirección: _____

Código postal: _____

Idioma preferido _____

Correo electrónico: _____

¿Embarazada? S / N en caso afirmativo, estimada fecha de nacimiento : _____

Nombre / Fecha de nacimiento del niño (s): _____

Requiero otro tipo de asistencia:

☐ Seguro de Salud ☐ Salud Mental ☐ Vivienda ☐ Sin Vivienda ☐ Alimentos ☐ Cuidado de Niño

☐ Citas Médicas ☐ Uso de sustancias ☐ Empleo ☐ Ropa ☐ Ingreso inadecuados ☐ Entrenamientos/Educación

☐ Seguridad o Situaciones Violentas ☐ Planificación familiar/Control Prenatal

☐ Información/ Apoyo para la lactancia ☐ Otro (describa): _____

Al firmar este formulario, entiendo que la información que proporcione se compartirá con otra agencia. Entiendo que esta referencia no es una garantía de que me aceptarán en el programa de visitas domiciliarias.

Firma del cliente: _____ Fecha de remisión: _____