

Help Me Grow is a system of supports for pregnant women, young children and families throughout Ohio.

Services and supports are provided through Home Visiting and Early Intervention.

Home Visiting





Help Me Grow Home Visiting (HV) is a voluntary, home-based program offered at no cost to your family. Our home visitors are well-trained professionals who use a compassionate approach that offers information and support during pregnancy, and empowers you as the parent with skills, tools, and confidence to nurture the healthy growth of your child through the earliest years – a critical time of development.

WHAT CAN YOU EXPECT?

Once your family has been referred, you will be assigned a home visitor. The Help Me Grow home visitor will provide caring support and reliable information on the topics that matter most to you about your pregnancy and child's development. Whether it's what you can do to strive for a healthy pregnancy, how to soothe your crying baby, how to manage sleep (yours included!) or how to deal with the stresses of parents, your home visitor is there to help, listen to your concerns, and connect you to community resources based off of your needs. We invest in you to make your own decisions about what is best for you and your child.

BENEFITS OF HOME VISITING:

Healthy birth outcomes - Pregnant women who participated in HV had 48% fewer low birth weight babies.

Increasing Children's School Readiness - Children who participated in HV scored 25% higher on first through third grade reading and math achievement tests.

Early Intervention





Help Me Grow Early Intervention (EI) supports families of young children birth to age three with developmental delays and disabilities. EI services are typically provided in your home or other places your family spends time, and they build on your ability to enhance your child's learning and development.

WHAT CAN YOU EXPECT?

After referral, your local El program will assign a service coordinator to your family. Your service coordinator will serve as your primary EI contact and will support your family on your journey in EI. If your child is eligible for EI, your service coordinator will get your consent to complete a child and family assessment. Your El team will learn more about your child's interests and abilities and your family's routines and priorities. They will use this information to develop the outcomes you would like to achieve. These outcomes become part of your family's Individualized Family Service Plan (IFSP). The outcomes on your IFSP are written based on what you want your child or family to be able to do within your family's real-life routines and activities. They use your own words and focus on what is important to your family. The IFSP also describes which service or services will be needed to help you meet the outcomes.

BENEFITS OF EARLY INTERVENTION:

In recent years, more than 95% of Ohio parents whose children were served in EI reported that they were better able to support their child in learning new things and gaining new skills. A similar number reported that EI helped them communicate their child's needs to others.

To learn more about these programs or to sign-up, you can:

Call 419-665-3322 or 1-800-755-GROW

Are you pregnant or parenting a young child?

Visit http://bit.ly/ReferToHMG

Do you have concerns about your child's development?

Referrals

For Early Intervention and Home Visiting



Anywhere in Ohio

Web referral form: http://bit.ly/ReferToHMG

Email: HMGreferrals@helpmegrow.org

Fax: General/HEA Forms (855) 418-3322

Fax: Hospital/Medical Providers (855) 318-3322

Or contact the Help Me Grow Regional Intake number listed below:

Central Region:

(614) 656-3322 Action for Children

Eastern Region:

(330) 616-3322

Mahoning County Educational Service Center

Northeastern Region:

(216) 930-3322 or (440) 389-3322 Bright Beginnings

Northwestern Region:

(419) 665-3322

Lucas County Family Council

Southeastern Region:

(740) 371-3322

Noble County Health Department

Southern Region:

(740) 371-3322

Pike County Board of Developmental Disabilities

Southwestern Region:

(513) 434-3322

Butler County Educational Service Center



Calls to 1-800-755-4769 (GROW) will be transferred to the appropriate region.

Questions? Call (216) 930-3322

Western Region:

(937) 612-3322

Help Me Grow Brighter Futures







Web referral form: http://bit.ly/ReferToHMG

General Fax: (855) 418-3322

Hospital/Medical Providers Fax: (855) 318-3322



Phone: (800) 755-GROW (4769)

Email: <u>HMGreferrals@helpmegrow.org</u>

CAREGIVER INFORMATION	编制是对是是对这种证据的是实现的。	·伊亚是西班里斯·斯里里斯斯
*Primary Caregiver first name	*Primary Caregiver last name	e
*Primary Caregiver relationship to child \square Mother \square Father \square Grandmother \square Grandfather \square Stepmother \square Stepfather		
☐ Adoptive mother ☐ Adoptive father ☐ Foster parent (female) ☐ Foster parent (male) ☐ Kinship/other (female) ☐ Kinship/other (male)		
**At least one contact method is required (email, phone, or address) Email		
Phone ()Address	City	Zip
County Best time to contact \square Morning \square Afternoon \square Evening \square Anytime		
Preferred contact method ☐ Phon	ne 🗆 Text 🗆 In person	☐ Letter ☐ Fax ☐ Email
*Primary language spoke in the home		Interpreter required? ☐ Yes ☐ No
ADDITIONAL CAREGIVER/ALTERNATE CONTACT		
First name Last name		
		Phone ()
CHILD(REN) INFORMATION WHICH PROGRAM ARE YOU		
*Primary caregiver is currently pregnant @Yes @N	No *Due Date:/	
*Date of Birth/	*Date of Birth/	☐ Early Intervention: Early Intervention
*First name	*First name	is a statewide system that provides coordinated early intervention services
*Last name	*Last name	to parents of eligible children under the
Gender	Gender	age of three with developmental delays
Child resides with	Child resides with	or disabilities.
*Are there concerns about this child's	*Are there concerns about this child's	☐ Home Visiting: A service for
development? ☐ Yes ☐ No	development? ☐ Yes ☐ No	pregnant or new parents seeking
*Is there a diagnosed medical condition	*Is there a diagnosed medical condition	support to ensure a healthy pregnancy,
that could cause delay? ☐ Yes ☐ No	that could cause delay? Yes No	and to help their child have the best
(Please explain below.)	(Please explain below.)	possible start in life.
ADDITIONAL INFORMATION - Please briefly tell us why you are seeking Help Me Grow support.		
*WHO IS MAKING THE REFERRAL?	主义工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺工艺	
☐ I am making the referral for my family	☐ I am a Healthcare professional	☐ I am for a friend ☐ Other
First name	Last name	
Agency/ Organization		
**At least one contact method is required (email, phone, or address)		
Email Phone () Address City County		
City	Zip County	
How did you hear about Help Me Grow? ☐ Advertisement ☐ Child care ☐ Community event ☐ Educator		
How did you hear about Help Me Grow? ☐ Advertisement ☐ Child care ☐ Community event ☐ Educator ☐ Family member ☐ Friend ☐ Local service agency ☐ Medical Professional ☐ Website- Help Me Grow		
□ Website- Early Intervention □ Website- Other □ Not sure □ Prefer not to answer □ Other		



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Northwest Region



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