IN-HOME PARENTING SUPPORT

nurture
the next

Babies don’t come with instructions.

We’re here to help.
How do I prepare?

- Providing referrals for additional resources
- Demonstrating positive discipline
- Creating a safe home environment
- Understanding and responding to children's needs
- Working through parenting challenges
- Nutrition and breastfeeding support
- Monitoring child development

Families in the following courses:

- Our trained home visitors use nationally recognized curricula and help families in the following courses:
- Carrying out milestones and achieving goals; visitors become less frequent.
- Will come to your home every week for about an hour. Once your family for at least the first six months after your baby's birth, your home visitors.

What can I expect?

- Flexibility to work around your schedule as much as possible.
- Respect for you and your family, and an open mind and heart.
- Compassion in keeping appointments.
- Respect for your family.
- Rigorous training in infant health and development to prepare possible parent for your child. Here is what you can expect from their work with you.
- Their focus is on parent, what do you become the best

Who will be visiting my home?

- Your home visitors are trained professionals, information, and support.
- The focus of our home visiting program is to help you develop a healthy, happy childhood, and eventually grow into a resilient, capable adult.
For more information about Nurture the Next visit:
NurtureTheNext.org

For parenting tips visit:
ParentingTN.org

Main Office: (888) 383-0994
Parent Helpline: 1-800-CHILDREN

FOLLOW US

@NurtureTheNext
Our home-visiting program helps families build healthy parent-child relationships. Home visitors meet with families weekly to show parents how to recognize and respond to the needs of their children, covering topics from breastfeeding to child behavior.

This hands-on approach is most impactful during the first five years of a child’s life when their brain is developing the fastest. Our work with families can start as early as pregnancy.

**Research demonstrates that our home visiting program:**

- Improves maternal, newborn and child health
- Reduces child maltreatment
- Improves school readiness

Our home-visiting program has been nationally credentialed with Healthy Families America since 2008, demonstrating strict adherence to the evidence-based program model.
Healthy Families TN Referral
(Inquires or referrals may be made to Ph. 383-0994 or Fax 383-6089)

Date of Referral __/__/_

Referral Source
Name: __________________________ Phone: __________________________
Agency: __________________________

Type of Referral (check one)
☐ Prenatal ☐ Child < 3 months old

Information on Parents
MOB’s Name __________________________ DOB __/__/__ (Age: ___)
SS# __________________________ Race __________________________
Address __________________________ Apt. Complex Name and # __________________________
City: Nashville State: TN Zip: __________
Home phone: __________________________ Alt. Phone: __________________________

Information on child
☐ Prenatal (Due Date: __/__/__) To deliver where? __________________________ OBGYN __________________________
☐ Child < 3 months
Name: __________________________ DOB: __/__/__ SS#: _______ - _______ - _______
Race: __________________________
Pediatrician: __________________________ Phone: __________________________
Health Insurance Company: __________________________

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<th>OTHER CHILDREN</th>
<th>DOB</th>
<th>SEX</th>
<th>LIVES W/CLIENT</th>
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Reason for Referral / Additional Concerns:
Teen Mom 1st Baby No/Little Prenatal Care Domestic Violence
Limited Support Requests Assistance High Stress
Single Parent Prior child abuse or neglect Low self-esteem
Alcohol/drug problems: How long use _______ How long clean _______
Currently in treatment _______ Type of substance used _______
Other/ Additional Information and Concerns:

__________________________________________________________

I authorize the referring agency and the Healthy Families Tennessee program to release information and share
information and grant permission for a home visit on my or my child’s behalf:
Signature of Client/Parent/Guardian __________________________ Date __________________________