

CALWORKS HOME VISITING PROGRAM (HVP)

You may be eligible to participate in Home Visiting

ABOUT THE CALWORKS HOME VISITING PROGRAM

- The CalWORKs Home Visiting Program is a voluntary program that pairs you with a trained professional who makes regular visits to your home to provide guidance, coaching, access to prenatal and postnatal care, early learning resources, and other health and social services for you and your child.
- Your family may be eligible to receive these home visiting services for up to twenty-four months or until your child's second birthday, whichever is later.

BENEFITS OF HOME VISITING

- Your family may receive many positive benefits from participating in home visiting including improving your ability to:
 - Keep you and your baby healthy;
 - Be the best parent you can be;
 - Cope with stress in healthy ways;
 - Support your child's development;
 - Obtain employment and training opportunities;
 - Obtain referrals to benefits and resources available for you and your children; and
 - Enroll in high-quality child care services at no cost to you.
- A home visitor will provide you with support, guidance, coaching, and connections to important resources that help improve your families' health education, social, economic, and financial future.

PROGRAM ELIGIBILITY

- To be eligible for home visiting services you must be:
 - a member of a CalWORKs assistance unit who is pregnant, or
 - a parent or caretaker relative of a child less than twenty-four months old at the time of enrollment, or
 - pregnant and have applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy, or
 - apparently eligible for CalWORKs aid.
- If you do not meet the criteria listed above, you still may be eligible to participate depending on your location. Please discuss your options with you CalWORKs eligibility worker.

CALWORKS HOME VISITING PROGRAM OPT-IN FORM

To volunteer to participate in the program, sign and return this form to your worker.

HOME VISITING PROGRAM PARTICIPATION REQUEST

- I would like to volunteer to participate in the CalWORKs Home Visiting Program and understand that I may voluntarily terminate home visiting services at any time.

I volunteer to receive home visiting services for my child(ren) listed below:

_____ Print Name of Child (Age) _____ Print Name of Child (Age) _____ Print Name of Child (Age)

- I am pregnant. My approximate due date is _____.
- I do not want to volunteer to participate in the Home Visiting Program at this time but understand that I may volunteer to participate in home visiting in the future by informing my worker, who will determine if I am still eligible to participate.

Reason(s) for declining home visiting services:

- Currently receiving home visiting services.
- Do not feel program will provide any benefits.
- Not interested in receiving home visiting services.
- Other: _____.

By signing this form, I understand the following:

- The information I provided will be shared with the home visiting agency program so they can contact me and schedule a time for the visits to begin,
- I certify that I am pregnant or the parent or caretaker relative of the child(ren) listed above,
- This program is 100% voluntary, and I can cancel home visiting services at any time by notifying the County Welfare Department or home visiting agency in writing,
- This authorization expires two years from the date of signature unless revoked earlier,
- A copy of this form was offered or provided to me, and
- Participation in this program shall not affect my eligibility for any other CalWORKs benefits, supports, or services, including welfare-to-work exemptions.

Case Name	Case Number
Name of Parent or Caretaker Relative	Phone
Signature of Parent or Caretaker Relative	Date
Name of County Contact	Phone
Signature of County Contact	Date