

CALWORKs HOME VISITING PROGRAM (HVP)

You may be eligible to participate in Home Visiting

ABOUT THE CALWORKS HOME VISITING PROGRAM

- CalWORKs Home Visiting Program is a **voluntary** program that pairs you with a nurse or trained professional who makes regular visits to your home or any other convenient location to provide guidance, coaching and 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.

PROGRAM ELIGIBILITY

- To be eligible for home visiting services you must be:
 - a member of a CalWORKs assistance unit who is pregnant at the time of enrollment, or
 - a parent/caretaker relative of a child less than twenty-four months old at the time of enrollment in the home visiting program.

BENEFITS OF HOME VISITING

- Your family may receive many positive benefits from participating in home visiting including:
 - 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 and resources for you and your children;
 - Enroll in high-quality child care services at no cost to you; and
 - Opportunities for your child to enroll in play groups or other enrichment activities to give your child the best start in life.
- A home visitor will provide you with support, guidance, coaching, and connections to important resources that help improve your families' education, social, economic, health, and financial future.

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 listed below:

Print Name of Child (Age)

- I am pregnant . My approximate due date is _____
- I am currently receiving home visiting services from _____
- 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:

- 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 one year 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