

**FREE**  
Program



## H.E.A.L. Program

*Home Visiting, Education, and Leadership*

Home Visiting, Education, and Leadership Program (H.E.A.L.) is a family-strengthening program that utilizes the SafeCare Curriculum. Skills training includes child behavior management and planned activities training, home safety training, parent training on how to create healthy parent-child interactions, and child health care education.

**Services also provided in Spanish**



### Services:

- Free, in-home, one-on-one, personalized parent training
- Weekly home visits for 18 weeks
- Evidence-based curriculum on home safety, health, and parent-child interaction

### Eligibility Requirements:

- Child between the ages of 0-5 years old
- Must live in Tarrant County
- No current or prior CPS involvement
- Experiencing one of the risk factors described below

### Target Population:

- Needs/wants support
- Non-traditional family, i.e. single parents
- High stress level
- Teen parents
- Needs and wants more knowledge about child development and parenting

\* Incentives such as grocery gift cards and home safety devices may also be provided \*

### How to enroll:

- Visit [HEALprogram.eventbrite.com](http://HEALprogram.eventbrite.com) and click "Register" or
- Contact Bliss Coulter, H.E.A.L. Program Director, for questions at 817-632-5522 or [bcoulter@theparentingcenter.org](mailto:bcoulter@theparentingcenter.org)

Funding for this project was provided by the Texas Department of Family and Protective Services.



call **817-332-6348**  
fax **817-332-6489**  
visit [theparentingcenter.org](http://theparentingcenter.org)

2928 West 5th Street  
Fort Worth, TX 76107



**CLIENT REFERRAL FORM**

*(Clients can be sent by a community agency or can be self-referred)*

Primary Caregiver's First Name: \_\_\_\_\_

Primary Caregiver's Last Name: \_\_\_\_\_

Target Child's First Name *(must be between 0-5 years old)*: \_\_\_\_\_

Target Child's Last Name: \_\_\_\_\_

Target Child's Date of Birth *(if known)*: \_\_\_\_\_

Other Children's Names *(if applicable)*: \_\_\_\_\_

\_\_\_\_\_

Family's Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family's Email: \_\_\_\_\_

Family's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Has the client ever had an open CPS case? *(Circle one)*: Yes No Unsure

Primary Language *(Circle One)*: English Spanish Other:

Secondary Language *(Circle One)*: English Spanish None

**Eligibility Determinations:**

In order to be eligible for this program, the family must have at least one of the following factors below. Please CIRCLE which, if any, factors apply:

- High general stress level
- Teen parenting
- Poor parent-child interaction
- Parent/guardian and/or child suffer from depression/anxiety
- High parent conflict, separation or divorce
- Parent/guardian has negative attitudes/attributions about the child's behavior
- Parent/guardian has inaccurate knowledge and expectations about child development
- Social isolation of family/parent/guardian, or lack of support
- Non-traditional family structure, i.e: single parent with lack of social support and/or a high number of children in the home

Referred by: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

If this form is being filled out by an agency, is the client aware of this referral? *(Circle Yes or No)*: Yes No

**Please FAX back to 817-332-6489 attention Bliss Coulter or EMAIL back to [BCoulter@theparentingcenter.org](mailto:BCoulter@theparentingcenter.org) or for questions, call Bliss Coulter at 817-632-5522**

**You can also register your clients at [HEALprogram.eventbrite.com](http://HEALprogram.eventbrite.com)**