

# Healthy Families Pasco-Hernando



## What is Healthy Families Florida?

Healthy Families programs provide free, voluntary parent coaching and support services that increase the knowledge and skills of parents so their children can grow up healthy, safe, nurtured and ready to succeed in life. Community-based programs combine to form the nationally accredited Healthy Families Florida statewide program which is proven to prevent child abuse and neglect before it ever starts. Parent coaching and support is more frequent in the beginning and tapers off as the family becomes more stable and self-sufficient. Services can last up to five years, depending on the needs of the family.

## When Should I Make a Referral to Healthy Families Florida?

A referral can be made if the family:

- Is expecting a baby or has a newborn less than three months old
- Has an open investigation or case
- Has had prior involvement in the system and the case was closed

*Because this is a voluntary program, Healthy Families cannot replace mandated services in situations where a case would have been opened or would remain open if Healthy Families was not involved.*

## How do I make a referral to Healthy Families Florida?

Please complete the Healthy Families Pasco-Hernando Referral Form on the back of this page and email or call using the information below or you can send us the family's contact information and we will contact the family.

**West Pasco** [jbeldotti@pascokidsfirst.org](mailto:jbeldotti@pascokidsfirst.org) or (727)243-7737

**East Pasco** [ycosme@pascokidsfirst.org](mailto:ycosme@pascokidsfirst.org) or (352) 585-6727

**Hernando** [xpino@pascokidsfirst.org](mailto:xpino@pascokidsfirst.org) or (352) 584-7825

*For additional information, please contact Dana Selfridge, Program Manager (727)247-8335*





# Healthy Families Pasco-Hernando

## Child Protective Investigator Referral Form

Please collect as much information as possible to ensure Healthy Families Florida can connect with the family quickly and effectively.

**Mother's full name:** \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Father's full name:** \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Baby's full name: \_\_\_\_\_

Hospital (if applicable): \_\_\_\_\_

Gender: \_\_\_\_\_ Trimester/EDD/ or Baby's DOB: \_\_\_\_\_

I acknowledge I have spoken to each person named above and they have agreed to accept a referral to Healthy Families Florida. Each person named above understands the information on this sheet will be shared with Healthy Families Florida over a secure fax line. Each person named above understands a representative of Healthy Families Florida will contact them to collect further information and assess for suitable services.

\_\_\_\_\_  
Child Protective Investigator's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Child Protective Investigator's Printed Name

\_\_\_\_\_  
Child Protective Investigator's Phone Number

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