



EMPOWERMENT FAMILY SUPPORT PROGRAM

The Johnson County Empowerment Family Support Program provides ongoing, individualized in-home services to families with children prebirth through 5 years. The goal of the program is to ensure that young children are properly nurtured and stimulated in safe and healthy environments so that they are ready to learn and succeed when they enter kindergarten.

Participating families will :

- ✦ Learn more about how children grow and develop.
- ✦ Learn new discipline and child guidance skills.
- ✦ Know what to expect at each stage of child development.
- ✦ Engage in age-appropriate activities with children, especially language and literacy activities.
- ✦ Use nurturing behaviors, including the use of schedules and routines.
- ✦ Be able to identify and access needed resources.
- ✦ Build social support and decrease stress.

A Family Support Counselor will be assigned to each family accepted into the program. The support counselor will mentor each family and conduct home visits that will allow parents to learn and apply skills in their home environment. Families will be encouraged to participate in parent education activities sponsored through the Johnson County Empowerment Area.

To find out if you qualify for this ***no-fee*** program, complete the referral form and mail to:

Alicia Lopic
Johnson County Empowerment
855 S. Dubuque Street, Suite 202B
Iowa City, IA 52240

Johnson County is a safe and healthy community in which to learn, work, and live.

Johnson County Empowerment • 855 S. Dubuque Street, Suite 202B • Iowa City, IA 52240 • Telephone 319.339.6179 • Facsimile 319.688.5711

www.jcempowerment.com • Empower@JCEmpowerment.com

REFERRAL FORM
EMPOWERMENT FAMILY SUPPORT PROGRAM

PLEASE PRINT

Family Information:

Parent Name _____
Last name First Name Middle Initial
Address _____
Street City Zip
Phone Number _____ If no phone, how can you be reached? _____

Child's Name (first/last)

Birth Date (mm/dd/year)

Pregnant mother? No Yes **Expected Due Date:** _____

Is family currently working with: (check all that apply)

Neighborhood Centers School-based Family Resource Center
 United Action for Youth Other: _____

Family preference for agency? (check one)

Broadway Neighborhood Center Coralville Family Resource Center
 Hills Family Resource Center North Liberty Family Resource Center
 Pheasant Ridge Neighborhood Center United Action for Youth

Teen parent? No Yes

This family resides in Johnson County and meets the following eligibility criteria:

required Family has at least one child age five or younger and not yet in kindergarten (including pregnant woman) **AND**

required Family has income at or below 185% of poverty **AND**

required Family is not eligible to receive other services including FaDSS, Medicaid Case Management, PSSF, court ordered services, Head Start home visiting, HUD V home visiting, or other home based supports

Teen parent, including expectant mother

Please indicate family reasons for wanting to participate in the Johnson County Empowerment Family Support Program:

By completing and sending this form, I give permission to exchange my name, this referral, enrollment and exit information between the Empowerment Early Childhood Specialist and agencies providing Empowerment Family Support Program services.

_____ (Name) _____ (Date)

In order to meet the income requirements to be eligible for this program, a family's gross monthly income cannot exceed the following:

HOUSEHOLD SIZE	185% OF POVERTY (yearly)	185% OF POVERTY (monthly)
1	20,036	\$1,670
2	26,955	2,246
3	33,874	2,823
4	40,793	3,399
5	47,712	3,976
6	54,631	4,553
7	61,550	5,129
8	68,469	5,706
For each additional person, add	6,919	577

01/23/09

Name of person referring _____ Agency _____
 Address _____
 Phone Number _____

Send to:

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