



igrow: A Proven Strategy for Strengthening Families

- For expectant moms and families of children birth to 5 years old
- One-on-one Home Visits
- Child Activities & Playgroups
- Fun Family Nights
- Developmental Screenings
- Referrals to Additional Resources

Parent Name(s) _____

Address _____ Phone _____

Child's Name _____ DOB/Due Date _____

Additional Contact _____ Phone _____

Where did you hear about **igrow**? (check all that apply)

Centralized Registration Health Fair School Friend

Early Intervention Other _____

I give permission for the District 118 **igrow** program to share the above information with the **igrow** Network. By doing so, I will receive a phone call offering me more information about home visiting and, if I agree to participate, I will receive home visiting services.

Parent signature _____ Date _____

Referred by _____ Date _____

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