

HIPPY

Home Instruction for Parents of Preschool Youngsters



Informational Packet for Enrollment



Brevard/Orange County HIPPY



Home Visitor's Contact Information:

Name: _____

Phone Number: _____

Email Address: _____

***Until your Home Visitor is assigned, please contact
the HIPPY Program Coordinator, Tammy Ssesanga, at
321-427-7236***

Parent / Guardian Concerns

When dealing with concerns affecting your family, please contact the HIPPY Program Coordinator.

Tammy Ssesanga (321) 427-7236

Each complaint or problem will be addressed appropriately to maintain positive relationships. If additional assistance is needed, please do not hesitate to call the HIPPY Supervisor.

Jacqueline Amos (407) 484-2263

Your satisfaction regarding your participation in the program is a priority for Brevard/Orange County HIPPY.



Preocupaciones de los padres/tutores

Cunado se trata de preocupaciones que afectan a su familia, por favor, pongase en contacto con los Coordinadore de HIPPY

Tammy Ssesanga (321) 427-7236

Cada queja o problmea sera abordado de manera apropiada para mantener relaciones positivas. Si necessita ayuda adicional, no dude en comunicarse con el Supervisor de HIPPY.

Jacqueline Amos (407) 484-2263

Su satisfaccion con respect a su participacion en el programa es una prioridad para HIPPY del Condado de Brevard/Orange.



- HIPPY staff will speak with the parent to provide information about the HIPPY program and check the child's eligibility. If the child is eligible....
- A Welcome Packet is sent to the family and an intake appointment is scheduled.
- HIPPY staff will gather specific information during the intake appointment, including demographic information, as well as the child and parent information.
- HIPPY staff will email the parent a link to the (secure) Box to upload required documentation which includes, 1) child's birth certificate, 2) parent's ID or driver's license, and 3) proof of Medicaid or income.
- Once all documentation is submitted and completed, the paperwork is submitted to the HIPPY State Office for review. The HIPPY State Office will send an email to the parent with a Doc U Sign document to be signed and submitted online.
- When the signed form is received, the State Office deems the child approved and services can begin.

- Upon approval, HIPPY staff will plan to send the parent curriculum, books, and any other needed materials.
- The assigned HIPPY Home Visitor will contact the Parent to schedule the first session.

HOME VISITS



- The HIPPY Home Visitor and Parent meet for the first session.
 - The HIPPY Home Visitor will review the Family Participation Agreement with the Parent
 - A voluntary research consent and a parent involvement survey will be completed.
 - The Home Visitor and Parent role-play the first week of Curriculum.
- The Coordinator will send the parent an email with a link to complete the Family Participation Agreement.
- The HIPPY Home Visitor and Parent will continue to meet weekly, reviewing the previous week's material and role-playing the current week's material.



Family Participation Agreement

I agree to participate in the local Home Instruction for Parents of Preschool Youngsters program with my child _____. I understand that HIPPY is a three-year program, 30 weeks per year. I agree to participate in all HIPPY activities whenever possible. These activities include the following:

1. Meet with an assigned HIPPY home visitor, in my home, every other week, at a regularly scheduled time convenient for both of us. During this home visit, we will review the previous week's lesson and role-play the new HIPPY lesson. I understand that the coordinator will accompany the home visitor occasionally, solely for the purpose of observing the home visit.
2. My Home Visitor has made me aware that once role play visits begin, it is my responsibility to complete that week's activity packet, in order to move forward to the next week's curriculum packet.
3. I will provide a clear, quiet workspace for my home visits. My home visitor and I will plan activities for my child(ren) to do during the home visit so that we can work with few interruptions.
4. I will call or otherwise contact my home visitor if I am unable to keep our scheduled appointment, or if my child or I am sick.
5. I will attend the group meetings that will occur at least six (6) times a year or as designated by the coordinator.
6. I will take part in field trips, which will be offered on a periodic basis, I realize that it is my responsibility to take my child on field trips and to monitor his/her activity during the entire trip.
7. I have been made aware of my commitment and I understand my responsibilities as a HIPPY parent. I will do my best to fulfill these requirements.

I release the HIPPY program from any and all liability in connection with my family's participation in HIPPY.

Signed _____

Date _____

HIPPY Staff _____



Acuerdo de Participación Familiar

Estoy de acuerdo en participar con mi hijo en el programa local de Instrucción en el Hogar para Padres de Niños Preescolares _____ Entiendo que HIPPY es un programa de tres años, 30 semanas por año. Siempre participo en todas las actividades de HIPPY siempre que sea posible. Estas actividades incluyen las siguientes:

1. Reunirse con un visitante domiciliario de HIPPY asignado en mi casa, todas las semanas, a una hora programada regularmente que sea conveniente para los dos. Durante esta visita domiciliaria, repasaremos la lección de la semana anterior y el juego de roles la nueva lección HIPPY. Entiendo que el coordinador acompañará al visitante domiciliario de vez en cuando, únicamente con el propósito de observar la visita al hogar.
2. Mi visitante domiciliario de HIPPY me ha hecho consciente de que una vez comienzan las visitas de juego de roles, es mi responsabilidad completar el paquete de actividades de esa semana, para poder recibir el paquete de HIPPY de las próximas semanas.
3. Proporcionaré un lugar de trabajo claro y tranquilo de mis visitas domiciliarias. mi visitante domiciliario y yo planificaremos las actividades que mi hijo o hijos realizarán durante la visita domiciliaria para que podamos trabajar con pocas interrupciones.
4. Llamaré o contactaré a mi visitante domiciliario si no puedo asistir a nuestra cita programada o si mi hijo o yo estamos enfermos.
5. Asistiré a la reunión del grupo que se realizará al menos seis veces al año o según lo designe el coordinador.
6. Participaré en excursiones, las cuales se ofrecerán periódicamente, me doy cuenta de que es mi responsabilidad llevar a mi hijo a las excursiones y monitorear su actividad durante todo el viaje.
7. Me han informado de mi compromiso y entiendo mis responsabilidades como padre. Haré todo lo posible para cumplir con estos requisitos.

Libero el programa HIPPY de toda responsabilidad en relación con la participación de mi familia en HIPPY.

Firmado _____

Fecha _____

Personal de HIPPY _____



Thank you for allowing us
to serve your family!

