



home visiting

ENROLLMENT LETTER



Nurse Family Partnership
(302) 604-6301

**Healthy Families Delaware
Children & Families First**
(302) 604-6318

Parents as Teachers
(302) 735-4295

Early Head Start
(302) 735-4295

(DATE)

(PROVIDER'S NAME)

(PROVIDER ADDRESS)

To Whom It May Concern,

Your patient, _____
(NAME OF PATIENT) has enrolled in

(NAME OF HOME VISITING PROGRAM), a home visiting program. The women
in this program are provided home visits by an experienced home visitor in
delivering the _____
(EVIDENCE BASED MODEL NAME) model of care.

Visits occur every one to four weeks during pregnancy and until
the child is 2, 3, or 5 years of age.

Home Visitors provide education and support several different domains:

- ▶ Maternal and Infant Health
- ▶ Family Economic and Self-Sufficiency
- ▶ Injury Prevention
- ▶ Referrals to Community Resources
- ▶ School Readiness
- ▶ Parenting Skills
- ▶ Domestic Violence

It is our hope that this program, in addition to your medical care, will assure that your client
will have the support and services to have a healthy family.

If you would like more information about this program or to receive an on- site visit from
one of our staff, please call. Your patient's home visitor's name and number is

(NAME OF HOME VISITOR) (PHONE NUMBER). We appreciate your efforts
in supporting this program and thank you for your collaboration.

Sincerely,

(HOME VISITOR SUPERVISOR NAME) (AGENCY NAME AND NUMBER)