*Are You the Parent or Care-Giver of a Child Age 0-5?*

*Need a Little Extra Help?*

*Are you interested in learning about…*

- Early childhood development and family literacy
- How to be your child’s “first teacher”
- Positive parenting skills
- Partnership in making family referrals to community resources

*The Nihiyazhi Ba’iit’ih Program provides services through home visiting for:*

- First time parents – Teens to Adults
- Families who live in very remote areas
- Grandparents caring for their grandchildren
- Families that need information on parenting, child development or family literacy

*The Nihiyazhi Ba’iit’ih Program is available to families residing on the Navajo Nation in Arizona*

**Contact:**
Northern Arizona University/Institute for Human Development
Phone: (928) 523-8905 ◊ FAX: (928) 523-9127
Visit Our Website
http://nau.edu/SBS/IHD/Programs/Nihiyazhi-Ba’iit’ih/

September 2012
About the Program

The purpose of the Nihiyazhi Ba’iit’ih Program is to promote healthy child development and school readiness through family support that provides information on:

- Issues related to child health and development, including early language and literacy;
- Positive parenting; and
- Community based resources for family services and early education.

The Nihiyazhi Ba’iit’ih Program is available to families residing on the Navajo Nation in Arizona. Eligible families are those who experience risk factors that include first time parents, teen parents, grandparents raising grandchildren, geographic and/or social isolation, or extreme poverty, and who are not receiving other home visiting services. The program is funded by a grant to the Institute for Human Development at Northern Arizona University by Arizona’s First Things First program.

Home visits are conducted by trained, local Home Visitors under the supervision of Family Training Coordinators with expertise in early childhood and service coordination. Each family who chooses to participate works with a Home Visitor to complete a family assessment that identifies their family’s strengths, as well as their priorities for family support through the Nihiyazhi Ba’iit’ih Program. The number of home visits each month varies from one to four visits per month depending on the results of the family assessment. For each child in the family, age two months to five years, child development is tracked through periodic developmental screening. Together, each family and their Home Visitor develop a Family Plan that:

- Describes family strengths;
- Outlines steps to address family priorities (i.e., goals);
- Sets up specific activities (i.e., objectives) and timelines related to family priorities;
- Establishes a timeline for tracking child development and providing information on child development, positive parenting, and early literacy for the family; and
- Plans for future transition from the program.

All information shared during home visits is confidential, and available only to staff of the Nihiyazhi Ba’iit’ih Program. However, if a home visitor believes there are safety concerns for any members of a family they will be obligated to follow the law in reporting information.
Referral
For Families with Children Ages 0-5
The Nihiyazhi Ba’iiit’ih program is available to families residing on the Navajo Nation in Arizona

Date of Referral: _____________________

Parents / Caregiver (Please circle one):

How many children, ages 0 to 5, are in the family? _______ Their ages:________________________________________________________

Mailing address: ______________________ City/Town: ______________ State: ______ Zip: _________________

Location and directions to home: ________________________________________________________

____________________________________________________________________________________

Phone number(s): Home: ____________________ Mobile: ______________________ Work: ________________________

E-Mail: _____________________________________________

Who is making the referral?

Self □ Family Member/Friend □ Service Provider □

Address/Agency: ____________________________________________

Phone: __________________________ Fax: ______________________ E-Mail: ________________________

Is the family aware of the referral? □ Yes □ No

Will an interpreter be needed? □ Yes □ No Language __________________________

Reason for referral: (Check all that apply)

□ Family with First Child □ Grandparent(s) Raising Grandchildren □ Teen Parent(s)
□ Family Challenges □ Geographic Isolation/Extreme Poverty □ Child Development/School Readiness

Please Explain Your Concerns: ____________________________________________________________

________________________________________________________

If the reason for this referral is a developmental concern for children ages 0-5, please refer to Growing in Beauty 866-341-9918.

Does the family receive regular support services through a HOME VISITING program? □ Yes □ No

If yes, please indicate the service/program:

□ Growing in Beauty □ Social Services □ FACE
□ Community Health □ Home Based Head Start

Please submit referral by FAX (928) 523-9127 or mail to:
Northern Arizona University / Institute for Human Development
PO Box 5630 - Flagstaff, Arizona 86011-5630 ATTN: Nihiyazhi Ba’iiit’ih

Please fill out this form completely before submitting. Referrals can also be phoned in to (928) 523-8905.

September 2012