

## INTERESTED? Please

complete this section: (information  
is kept confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

How many weeks pregnant: \_\_\_\_\_

Due Date: \_\_\_\_\_

Is this your first pregnancy?

☐ Yes ☐ No

**IF REFERRAL IS FROM AN AGENCY PLEASE FILL IN:**

Agency Name: \_\_\_\_\_

Contact \_\_\_\_\_ Person: \_\_\_\_\_

Agency Phone No.: \_\_\_\_\_

Fax: (909) 887-7260

or mail to:

Preschool Services Department

Attn: LIFT program

662 S. Tippecanoe Avenue

San Bernardino, CA 92415



## BENEFITS:

- Healthy pregnancy
- Healthy delivery
- Build a strong support network
- Create a safe place for baby
- Referrals for mental health issues & disabilities
- Continue your education
- Set goals for yourself and your family's future



## CONTACT US

For more information on the programs listed please call us  
at: (888) KIDS-025 or (888) 543-7025

Dial 7-1-1 for TTY users

EMAIL: [psdsupport@psd.sbcounty.gov](mailto:psdsupport@psd.sbcounty.gov)

Visit our website to find the location nearest you at:

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11-21801-611



## EARLY HEAD START

*To improve the well being of children, empower  
families & strengthen communities*

## LIFT PROGRAM



Preschool Services

# LIFT Program

## Services and Education Topics

## What are the requirements to qualify?

The LIFT Program provides pregnant women prenatal education, support and empowerment to have the healthiest pregnancy possible.

These free services are provided through family visits in your home by a Registered Nurse. During the visit the pregnant woman is given information on fetal and infant development.

The Nurse will continue to visit you until your baby is six weeks old or longer, if there is a health risk.

After that, the Registered Nurse or a Family Advocate will continue to support you and your infant by promoting a strong bond between the parent and child as well as teach you how to maximize your infant's health and development.



Services provided in collaboration with the San Bernardino County Department of Behavioral Health and funded by the Mental Health Services Act (Proposition 63).

- **Mother/Infant Health Assessments**
- **Social/Emotional Support**
- **Community Resources**
- **Health Promotion & Treatment**
- **Nutrition & Exercise**
- **High-Risk Pregnancy**
- **Fetal Development**
- **Childbirth Preparation**
- **Breastfeeding Support**
- **Postpartum Care**
- **Postpartum Depression**
- **Education & Career Planning**
- **Substance Abuse (Prevention & Access to Treatment)**
- **Home & Child Safety**



- **You must be a Pregnant Woman (any age)**
- **Provide proof of income within below guidelines**

2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
For families/households with more than eight persons, add \$4,180 for each additional person.	

