

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

Visit our website to find the location nearest you at:

www.sbcounty.gov/PSD



Like us on Facebook at [Facebook.com/SBCPSD](https://www.facebook.com/SBCPSD)

to follow current news and events

Scan the tag to find a location nearest you



11-21801-611



EARLY HEAD START

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

LIFT PROGRAM

*(LIFT-Low Income
First Time Mothers)*



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.



- **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**

| 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia | |
|---|-------------------|
| Persons in family/household | Poverty guideline |
| 1 | \$11,770 |
| 2 | \$15,930 |
| 3 | \$20,090 |
| 4 | \$24,250 |
| 5 | \$28,410 |
| 6 | \$32,570 |
| 7 | \$36,730 |
| 8 | \$40,890 |
| For families/households with more than eight persons, add \$4,160 for each additional person. | |



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