

# Pregnancy and Parenting Support and Services

## Children's National Medical Center

(202) 476-5794

<http://childrensnational.org/advocacy-and-outreach/in-the-community/other-community-programs/healthy-generations>

The Healthy Generations Program, run through Children's National Medical Center, is one of only a handful of comprehensive "teen-tot" programs in the United States designed to provide primary health care for adolescent parents (up to 19 years old) and their children. The program currently serves more than 500 families in the Washington, D.C. area. The program accepts parents age 18 (or younger) and their children and parents age 19 (or younger), who have children with special needs.

### Children Receive:

- Well-child physical examinations
- Immunizations
- Developmental assessments
- Care during illnesses

### Parents Receive:

- Physical examinations
- Gynecologic care
- Birth control/family planning
- Psychosocial and parenting support

## Department of Health Care Finance Pregnancy Resources

(202) 442-5988

<http://dhcf.dc.gov/page/pregnancy-resources>

The Department of Health Care Finance Pregnancy Resource's website provides a comprehensive list of resources for pregnant women, D.C. caseworkers, and providers of services for pregnant women. Topics include health insurance, family planning, prenatal care, nutrition, and food assistance. The website also provides information on D.C. community resources, including services related to behavioral and emotional health, postpartum care, newborn care, breastfeeding, and baby safety. Information is also available regarding programs for fathers.

## Capitol Hill Pregnancy Center

(202) 546-1018

<http://www.capitolhillpregnancycenter.org/>

Capitol Hill Pregnancy Center is a faith-based organization offering help and support to women, men, and families who are in a crisis pregnancy. All services are free and confidential. The Center offers free pregnancy testing, ongoing pregnancy support (counseling and mentoring), childbirth classes, parenting classes, maternity and baby clothing and supplies, and medical, legal, adoption, and housing referrals.

## Mary's Center

(202) 483-8196

<http://www.maryscenter.org/>

Mary's Center's Maternal, Child Care, and Home Visiting program also known as Healthy Start Healthy Families (HSHF), provides intensive, long-term home visitation services to pregnant and post-partum women and their families. HSHF demonstrates a combined effort of the Healthy Families America home visiting model – a national movement to prevent child abuse and neglect – and the Federal Healthy Start program, an initiative to reduce infant mortality. An interdisciplinary team of outreach workers, assessment workers, family support workers, registered nurses, in-home mental health providers and education specialists ensure participants receive quality, comprehensive medical care and support services along with education and advocacy services.

## The Northwest Center

(202) 483-7008

[www.northwestcenter.net](http://www.northwestcenter.net)

The Northwest Center's Pregnancy Center is a community outreach program that provides free, confidential services, including pregnancy testing, options counseling, health education, and material assistance. In addition, counselors can make referrals in the following areas: prenatal care, medical care, adoption, domestic violence, legal services, housing, educational opportunities, and job training. The Northwest Center also runs a Maternity Home, which provides transitional housing for pregnant women ages 18-30. The Maternity Home program offers life skills training, case management services, access to health care, assistance with referrals for day care or other community-based agencies, and development of interpersonal communication skills.

## Adoptions Together

(301) 439-2900 or (800) 439-0233 (hotline)

<http://www.adoptionstogether.org/>

Adoptions Together provides free counseling services to women and couples who need help weighing their options regarding pregnancy. Adoptions Together offers counseling through a 24/7 hotline and provides support and guidance to help birth parents make the best decision for their child. Adoptions Together also offers community resources if the birth parent decides to become a parent.

## New Heights Teen Parent Program

<http://dcps.dc.gov/node/1179570>

New Heights Teen Parent Program is a school-based program located in 13 schools in D.C. The program provides pregnant and parenting teens – mothers and fathers – enrolled in D.C. Public Schools with assistance aimed at helping students remain in school and graduate from high school. Students participating in the program work with staff to develop strengths-based solutions to challenges, receive

supportive case management services, and have access to educational workshops. New Heights participants may also be eligible for educational, employment, housing, and support services until their 20<sup>th</sup> birthday. In order to connect to the program, you should contact one of the 13 schools that offers the program. The schools and the telephone number to their respective New Heights program is listed at the website above.

### **Teen Alliance for Prepared Parenting (TAPP)**

(202) 877-0748 (ask for Elysia Jordan)

<http://www.medstarwashington.org/our-services/womens-health/treatments/maternity-services/teen-alliance-for-prepared-planning/#q={}>

TAPP provides a full range of services that promote healthier living and improve the overall well-being of pregnant and parenting teens. Services include: prenatal/post-partum clinical care; prenatal education; parenting education; family planning services; individual and group counseling; referral services such as adoption, mental health and medical insurance; training in communication, conflict resolution and other life-management skills; fatherhood counseling; coaching, and job referrals. Adolescents who are pregnant and age 18 or younger can enroll at any point during their pregnancy. Young fathers can enroll if they are expecting a child or have a child under age five. Adolescents may continue in the program until age 23.

### **Latin American Youth Center (LAYC)**

(202) 768-8017; 202-319-2231

<http://www.layc-dc.org/our-programs/health-wellness/young-parents/>

The Young Parent's Program at LAYC provides young parents (ages 11 to 24) with the opportunity to learn about the responsibilities of being a parent. Participants in the program work closely with a parent educator at interactive workshops and also work individually with a case manager to establish personal and family goals. Classes in the Prenatal series include fetal development, prenatal nutrition, labor and delivery, relaxation, preparing for the baby, basic infant care, and sleeping and soothing for newborns. Classes in the Parenting series include child development, positive discipline, child safety, stress management, family planning, health relationships, and effective communication.

The Family to Family mentoring program provides mentoring activities aimed at strengthening the family relationships that are central to achieving and sustaining personal responsibility and self-sufficiency. The program aims to move families beyond welfare dependency by working with young parents to increase their ability to be emotionally and financially supportive of their children and partners and to help young parents make healthy decisions for themselves, their families, and their communities. Services include: effective parenting, educational, and life skills development; domestic violence prevention and conflict resolution; budget management; substance abuse prevention; mentoring; individual case management; family events; and information and referrals to health care, daycare, housing, GED programs, legal aid.

## Planned Parenthood

(202) 457-8500 (D.C.) 347-8512 (Suitland); (301) 608-3448 (Silver Spring)

<http://www.plannedparenthood.org/ppmw/>

Planned Parenthood provides gynecological examinations, emergency contraception, birth control, pregnancy testing and counseling, STD testing and treatment, HIV testing and counseling, and family medical care. Planned Parenthood's website also provides detailed information on all forms of birth control, including an interactive questionnaire that allows the participant to identify birth control methods that are right for her (<http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>).

## Healthy Babies Project

(202) 396-2809

[www.healthybabiesproject.org](http://www.healthybabiesproject.org)

Healthy Babies Project offers several services aimed at helping at-risk D.C. families have healthy babies. The Teen Parent Empowerment Program (TPEP) provides health education and services to young adults ages 12-21. These services are aimed at helping young adults become responsible parents, preventing repeat pregnancies, assisting young adults in completing high school or GED programs, and moving families out of the cycle of poverty. "TPEP The Remix" is an extension of the TPEP program, which offers TPEP graduates continued support, services and resources in a variety of areas, with a primary focus on parenting, mother and infant health, baby care, and education around safe sex and financial issues. Healthy Babies Project also offers home visiting and support programs; "Developing Dads," a weekly support and counseling program for men; and "Confident Parenting," a parenting skill-building program for parents of African-American children.

## Borromeo Housing, Inc.

(703) 841-0139

<http://borromeohousing.org>

Borromeo Housing, Inc. (BHI) aims to empower young single mothers to create a self-sustaining future through education, counseling, and support. BHI offers a residential program and an infant care supply bank, which is accessible to both residents and non-residents of the program. BHI's supply bank provides diapers, car seats, clothing, and other infant care supplies, free of cost.

## The Family Place

(202) 265-0149

[www.thefamilyplacedc.org](http://www.thefamilyplacedc.org)

The Family Place offers prenatal classes, covering topics such as breastfeeding, nutrition, birth/delivery, and post-partum depression. Participants will also be able to participate in the infant component of the program through their child's first year of life. Infant classes cover topics such as healthy eating habits, the importance of play, and hygiene. The Family Place also offers a range of parenting classes and a family literacy program, as well as an educational home visiting program for children ages 3 to 5.

## Department of Health Safe Sleep Program

(202) 442-9374 or 1-800-666-2229

<http://doh.dc.gov/service/safe-sleep-program>

The Safe Sleep Program aims to reduce infant mortality and the likelihood of Sudden Unexplained Infant Death (SUID), suffocation, and roll over deaths in infants. After providing education to caregivers about healthy sleep environments for infants, the program provides parents with a safety approved Pack'N'Play.

## DC Diaper Bank

[www.dcdiaperbank.org](http://www.dcdiaperbank.org)

DC Diaper Bank provides diapers to social service organizations that are already helping families in need. The connected social service organizations are then able to provide those diapers to their clients. Social service organizations connected with the DC Diaper Bank include Bread for the City, Bright Beginnings, Central Union Mission, District Alliance for Safe Housing, Horton's Kids, Little Lights Urban Ministries, Mary's Center, and Northwest Center.

## ChooseMyPlate.gov Health and Nutrition Information

<http://www.choosemyplate.gov/moms-pregnancy-breastfeeding>

The ChooseMyPlate.gov website provides helpful information on the special nutritional needs of pregnant and breastfeeding women. Women can also use the website to plan out a daily food plan.

## text4baby

<https://text4baby.org>

text4baby allows expectant women to sign-up for free, critically timed text messages that provide health care tips about their growing baby, up to one year of age. Women can text "BABY" (or "BEBE" for Spanish) to 511411 to receive three free text messages a week addressing topics such as labor signs and symptoms, prenatal care, urgent alerts, developmental milestones, immunizations, nutrition, birth defect prevention, and more. Text STOP to discontinue messages or HELP for help at any time.



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

# Do's and Don'ts

## PRINT-AND-GO GUIDE

Eat this. Don't eat that. Do this. Don't do that. Pregnant women are bombarded with Do's and Don'ts. It's tough to keep it all straight. Pregnancy Do's are listed below. The next page has a list of pregnancy Don'ts.

### Pregnancy Do's

- See your doctor regularly. Prenatal care can help keep you and your baby healthy and spot problems if they occur.
- Continue taking folic acid throughout your pregnancy. All women capable of pregnancy should get 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Getting enough folic acid lowers the risk of some birth defects. Taking a vitamin with folic acid will help you to be sure you are getting enough.
- Eat a variety of healthy foods. Include fruits, vegetables, whole grains, calcium-rich foods, lean meats, and a variety of cooked seafood.
- Get all essential nutrients, including iron, every day. Getting enough iron prevents anemia, which is linked to preterm birth and low-birth weight babies. Ask your doctor about taking a daily prenatal vitamin or iron supplement.
- Drink extra fluids, especially water.
- Get moving! Unless your doctor tells you otherwise, physical activity is good for you and your baby.
- Gain a healthy amount of weight. Gaining more than the recommended amount during pregnancy increases a woman's risk for pregnancy complications. It also makes it harder to lose the extra pounds after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.

after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.

- Wash hands, especially after handling raw meat or using the bathroom.
- Get enough sleep. Aim for 7 to 9 hours every night. Resting on your left side helps blood flow to you and your baby and prevents swelling. Using pillows between your legs and under your belly will help you get comfortable.
- Set limits. If you can, control the stress in your life and set limits. Don't be afraid to say "no" to requests for your time and energy. Ask for help from others.
- Make sure health problems are treated and kept under control. If you have diabetes, control your blood sugar levels. If you have high blood pressure, monitor it closely.
- Ask your doctor before stopping any medicines you take or taking any new medicines. Prescription, over-the-counter, and herbal medicine all can harm your baby.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care. Ask your doctor about the flu vaccine.
- Always wear a seatbelt. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.
- Join a childbirth or parenting class.



<http://www.womenshealth.gov>

**1-800-994-9662**

**TDD: 1-888-220-5446**

Steer clear of these pregnancy no-nos to help keep you and your baby safe and healthy.

### Pregnancy Don'ts

- Don't smoke tobacco. Quitting is hard, but you can do it! Ask your doctor for help. Smoking during pregnancy passes nicotine and cancer-causing drugs to your baby. Smoking also keeps your baby from getting needed nourishment and raises the risk of miscarriage, preterm birth, and infant death.
- Avoid exposure to toxic substances and chemicals, such as cleaning solvents, lead and mercury, some insecticides, and paint. Pregnant women should avoid exposure to paint fumes.
- Protect yourself and your baby from food-borne illness, which can cause serious health problems and even death. Handle, clean, cook, eat, and store food properly.
- Don't drink alcohol. There is no known safe amount of alcohol a woman can drink while pregnant. Both drinking every day and drinking a lot of alcohol once in a while during pregnancy can harm the baby.
- Don't use illegal drugs. Tell your doctor if you are using drugs. Marijuana, cocaine, heroin, speed (amphetamines), barbiturates, and LSD are very dangerous for you and your baby.
- Don't clean or change a cat's litter box. This could put you at risk for toxoplasmosis, an infection that can be very harmful to the fetus.
- Don't eat swordfish, king mackerel, shark, and tilefish, which are high in mercury.
- Avoid contact with rodents and with their urine, droppings, or nesting material. This includes household pests and pet rodents, such as guinea pigs and hamsters. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Don't take very hot baths or use hot tubs or saunas. High temperatures can be harmful to the fetus, or cause you to faint.
- Don't use scented feminine hygiene products. Pregnant women should avoid scented sprays, sanitary napkins, and bubble bath. These products might irritate your vaginal area, and increase your risk of a urinary tract infection or yeast infection.
- Don't douche. Douching can irritate the vagina, force air into the birth canal and increase the risk of infection.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or physician that you are pregnant so that extra care can be taken.

## ePublications

### Prenatal care fact sheet

#### What is prenatal care?

Prenatal care is the health care you get while you are pregnant. Take care of yourself and your baby by:

- Getting **early** prenatal care. If you know you're pregnant, or think you might be, call your doctor to schedule a visit.
- Getting **regular** prenatal care. Your doctor will schedule you for many checkups over the course of your pregnancy. Don't miss any — they are all important.
- Following your doctor's advice.

#### Why do I need prenatal care?

Prenatal care can help keep you and your baby healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.

Doctors can spot health problems early when they see mothers regularly. This allows doctors to treat them early. Early treatment can cure many problems and prevent others. Doctors also can talk to pregnant women about things they can do to give their unborn babies a healthy start to life.

#### I am thinking about getting pregnant. How can I take care of myself?

You should start taking care of yourself *before* you start trying to get pregnant. This is called preconception health. It means knowing how health conditions and risk factors could affect you or your unborn baby if you become pregnant. For example, some foods, habits, and medicines can harm your baby — even before he or she is conceived. Some health problems also can affect pregnancy.

Talk to your doctor before pregnancy to learn what you can do to prepare your body. Women should prepare for pregnancy before becoming sexually active. Ideally, women should give themselves at least 3 months to prepare before getting pregnant.

The five most important things you can do before becoming pregnant are:

1. Take 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day for at least 3 months before getting pregnant to lower your risk of some birth defects of

the brain and spine. You can get folic acid from some foods. But it's hard to get all the folic acid you need from foods alone. Taking a vitamin with folic acid is the best and easiest way to be sure you're getting enough.

2. Stop smoking and drinking alcohol. Ask your doctor for help.
3. If you have a medical condition, be sure it is under control. Some conditions include asthma, diabetes, depression, high blood pressure, obesity, thyroid disease, or epilepsy. Be sure your vaccinations are up to date.
4. Talk to your doctor about any over-the-counter and prescription medicines you are using. These include dietary or herbal supplements. Some medicines are not safe during pregnancy. At the same time, stopping medicines you need also can be harmful.
5. Avoid contact with toxic substances or materials at work and at home that could be harmful. Stay away from chemicals and cat or rodent feces.

## **I'm pregnant. What should I do — or not do — to take care of myself and my unborn baby?**

Follow these do's and don'ts to take care of yourself and the precious life growing inside you:

### **Health care do's and don'ts**

- Get early and regular prenatal care. Whether this is your first pregnancy or third, health care is extremely important. Your doctor will check to make sure you and the baby are healthy at each visit. If there are any problems, early action will help you and the baby.
- Take a multivitamin or prenatal vitamin with 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Folic acid is most important in the early stages of pregnancy, but you should continue taking folic acid throughout pregnancy.
- Ask your doctor before stopping any medicines or starting any new medicines. Some medicines are not safe during pregnancy. Keep in mind that even over-the-counter medicines and herbal products may cause side effects or other problems. But not using medicines you need could also be harmful.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or doctor that you are pregnant so that extra care can be taken.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care.

### **Food do's and don'ts**

- Eat a variety of healthy foods. Choose fruits, vegetables, whole grains, calcium-rich foods, and foods low in saturated fat. Also, make sure to drink plenty of fluids, especially water.

- Get all the nutrients you need each day, including iron. Getting enough iron prevents you from getting anemia, which is linked to preterm birth and low birth weight. Eating a variety of healthy foods will help you get the nutrients your baby needs. But ask your doctor if you need to take a daily prenatal vitamin or iron supplement to be sure you are getting enough.
- Protect yourself and your baby from food-borne illnesses, including toxoplasmosis (TOK-soh-plaz-MOH-suhss) and listeria (lih-STEER-ee-uh). Wash fruits and vegetables before eating. Don't eat uncooked or undercooked meats or fish. Always handle, clean, cook, eat, and store foods properly.
- Don't eat fish with lots of mercury, including swordfish, king mackerel, shark, and tilefish.

### **Lifestyle do's and don'ts**

- Gain a healthy amount of weight. Your doctor can tell you how much weight gain you should aim for during pregnancy.
- Don't smoke, drink alcohol, or use drugs. These can cause long-term harm or death to your baby. Ask your doctor for help quitting.
- Unless your doctor tells you not to, try to get at least 2 hours and 30 minutes of moderate-intensity aerobic activity a week. It's best to spread out your workouts throughout the week. If you worked out regularly before pregnancy, you can keep up your activity level as long as your health doesn't change and you talk to your doctor about your activity level throughout your pregnancy. Learn more about how to have a fit pregnancy.
- Don't take very hot baths or use hot tubs or saunas.
- Get plenty of sleep and find ways to control stress.
- Get informed. Read books, watch videos, go to a childbirth class, and talk with moms you know.
- Ask your doctor about childbirth education classes for you and your partner. Classes can help you prepare for the birth of your baby.

### **Environmental do's and don'ts**

- Stay away from chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, mercury, and paint (including paint fumes). Not all products have pregnancy warnings on their labels. If you're unsure if a product is safe, ask your doctor before using it. Talk to your doctor if you are worried that chemicals used in your workplace might be harmful.
- If you have a cat, ask your doctor about toxoplasmosis. This infection is caused by a parasite sometimes found in cat feces. If not treated toxoplasmosis can cause birth

defects. You can lower your risk of by avoiding cat litter and wearing gloves when gardening.

- Avoid contact with rodents, including pet rodents, and with their urine, droppings, or nesting material. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Take steps to avoid illness, such as washing hands frequently.
- Stay away from secondhand smoke.

Check out our more detailed tips on Pregnancy do's and don'ts (PDF, 176 KB).

## **I don't want to get pregnant right now. But should I still take folic acid every day?**

Yes! Birth defects of the brain and spine happen in the very early stages of pregnancy, often before a woman knows she is pregnant. By the time she finds out she is pregnant, it might be too late to prevent those birth defects. Also, half of all pregnancies in the United States are not planned. For these reasons, all women who are able to get pregnant need 400 to 800 mcg of folic acid every day.

## **How often should I see my doctor during pregnancy?**

Your doctor will give you a schedule of all the doctor's visits you should have while pregnant. Most experts suggest you see your doctor:

- About once each month for weeks 4 through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

If you are older than 35 or your pregnancy is high risk, you'll probably see your doctor more often.

## **What happens during prenatal visits?**

During the first prenatal visit, you can expect your doctor to:

- Ask about your health history including diseases, operations, or prior pregnancies
- Ask about your family's health history
- Do a complete physical exam, including a pelvic exam and Pap test
- Take your blood and urine for lab work
- Check your blood pressure, height, and weight

- Calculate your due date
- Answer your questions

At the first visit, you should ask questions and discuss any issues related to your pregnancy. Find out all you can about how to stay healthy.

Later prenatal visits will probably be shorter. Your doctor will check on your health and make sure the baby is growing as expected. Most prenatal visits will include:

- Checking your blood pressure
- Measuring your weight gain
- Measuring your abdomen to check your baby's growth (once you begin to show)
- Checking the baby's heart rate

While you're pregnant, you also will have some routine tests. Some tests are suggested for all women, such as blood work to check for anemia, your blood type, HIV, and other factors. Other tests might be offered based on your age, personal or family health history, your ethnic background, or the results of routine tests you have had. Visit the pregnancy section of our website for more details on prenatal care and tests.

### **I am in my late 30s and I want to get pregnant. Should I do anything special?**

As you age, you have an increasing chance of having a baby born with a birth defect. Yet most women in their late 30s and early 40s have healthy babies. See your doctor regularly before you even start trying to get pregnant. She will be able to help you prepare your body for pregnancy. She will also be able to tell you about how age can affect pregnancy.

During your pregnancy, seeing your doctor regularly is very important. Because of your age, your doctor will probably suggest some extra tests to check on your baby's health.

More and more women are waiting until they are in their 30s and 40s to have children. While many women of this age have no problems getting pregnant, fertility does decline with age. Women over 40 who don't get pregnant after six months of trying should see their doctors for a fertility evaluation.

Experts define infertility as the inability to become pregnant after trying for one year. If a woman keeps having miscarriages, it's also called infertility. If you think you or your partner may be infertile, talk to your doctor. Doctors are able to help many infertile couples go on to have healthy babies.

### **Where can I go to get free or reduced-cost prenatal care?**

Women in every state can get help to pay for medical care during their pregnancies. This prenatal care can help you have a healthy baby. Every state in the United States has a program to help. Programs give medical care, information, advice, and other services important for a healthy pregnancy.

To find out about the program in your state:

- Call 800-311-BABY (800-311-2229). This toll-free telephone number will connect you to the Health Department in your area code.
- For information in Spanish, call 800-504-7081.
- Contact your local Health Department.

### **More information on prenatal care**

For more information about prenatal care, call womenshealth.gov at 800-994-9662 (TDD: 888-220-5446) or contact the following organizations:

- **American College of Obstetricians and Gynecologists**  
**Phone:** 202-638-5577
- **American Pregnancy Association**  
**Phone:** 972-550-0140
- **Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, HHS**  
**Phone:** 800-370-2943 (TDD: 888-320-6942)
- **March of Dimes**  
**Phone:** 914-997-4488
- **National Center on Birth Defects and Developmental Disabilities, CDC, HHS**  
**Phone:** 800-232-4636 (TDD: 888-232-6348)

Content last updated: July 16, 2012.



# Food Don'ts

## PRINT-AND-GO GUIDE



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

There are 3 main dangers lurking in the food pregnant women eat. They are:

- **Listeria** – a dangerous bacterium that can grow even in cold refrigerators.
- **Mercury** – a harmful metal found in high levels in some fish.
- **Toxoplasma** – a risky parasite found in undercooked meat and unwashed fruits and vegetables.

These things can cause serious illness or even death to you or your unborn baby.

Follow these food facts to help keep you and your baby healthy:

- **DON'T eat raw or undercooked meat, poultry, fish or shellfish** (sushi or sashimi).
- **DON'T eat swordfish, tilefish, king mackerel, and shark.**
- **DON'T eat refrigerated smoked seafood** like whitefish, salmon, and mackerel. These are usually labeled nova-style, lox, kippered, smoked, or jerky.

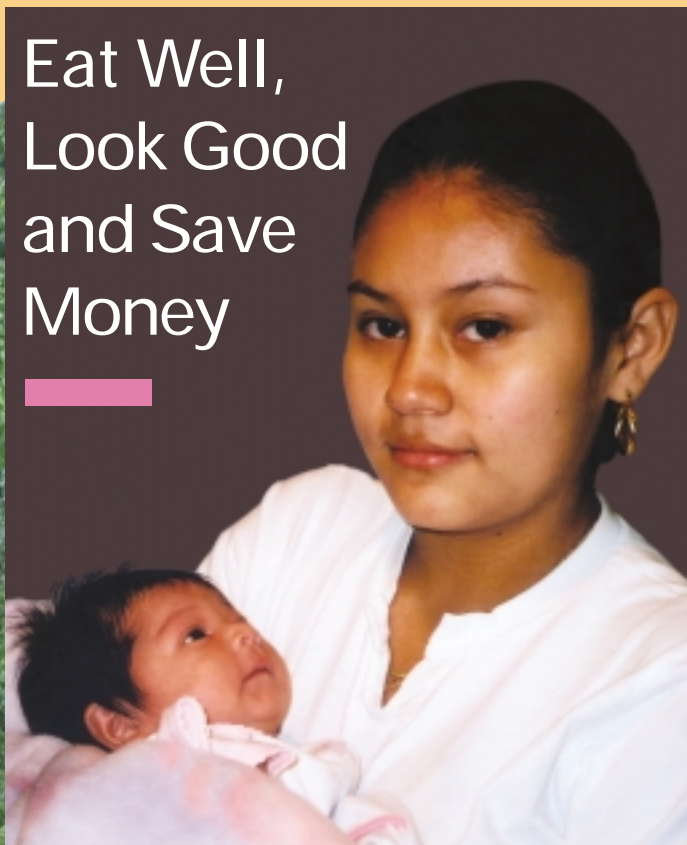
- **DON'T eat refrigerated pâtés or meat spreads.**
- **DON'T eat hot dogs and luncheon meats** — unless they're reheated until steaming hot.
- **DON'T eat soft cheeses** like feta, brie, camembert, “blue-veined cheeses,” “queso blanco,” “queso fresco,” and Panela unless the label says they are pasteurized or made from pasteurized milk.
- **DON'T drink raw or unpasteurized milk or juice** or eat foods that contain unpasteurized milk.
- **DON'T eat unwashed fruits and vegetables.**
- **DON'T eat raw sprouts of any kind** (including alfalfa, clover, radish, and mung bean).

Source: U.S. Food and Drug Administration; Center for Food Safety and Applied Nutrition

Content last updated March 5, 2009.

# Yes You Can:

Eat Well,  
Look Good  
and Save  
Money



**A Guide for  
Pregnant and Parenting Teens**  
from the National Organization on  
Adolescent Pregnancy, Parenting and  
Prevention, Inc.



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**You** are special! You are a teenager, and you are about to have a baby—or maybe you already have. Either way it means you have some work to do. When you are pregnant, you are growing **TWO** bodies—yours and your baby’s—and it is really important that you do the things that will keep you healthy and feeling great. • This little booklet helps explain why you need to eat well for you and your baby, and provides tips on how you can do it on a limited budget too! Plus, you’ll give your baby a boost from the very beginning. • And, believe it or not, it is fun!



Funding for this product was made possible by the Government of the District of Columbia, Office of the Corporation Counsel.

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Special thanks to the DC Campaign to Prevent Teen Pregnancy’s Secondary Pregnancy Prevention Coalition members who helped NOAPPP with this project.

Some photographs courtesy of The Teen Alliance for Prepared Parenting, Washington Hospital Center, Washington, DC

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# Nutrition Quiz

Pregnant teens have special nutritional needs. How much do you know?



**Now that you are eating for two it is important that you get all the essential vitamins and minerals you need to have a healthy baby. Also, not gaining enough weight or gaining too much weight can put you at risk for complications during your pregnancy. Take a few minutes to find how much you know about nutrition and pregnancy with this quiz you score yourself.**

1. If I am a teen with a normal pre-pregnancy weight, approximately how much should I gain during my pregnancy?

- a) 25 - 35 lbs.
- b) 30 - 40 lbs.
- c) 10 - 25 lbs.
- d) 45 - 50 lbs.
- e) none of the above

2. Eating folic acid, a B-vitamin, before and during my pregnancy lowers my risk of having a baby with birth defects. What foods are high in folic acid?

- a) broccoli
- b) fortified orange juice
- c) spinach
- d) liver
- e) all of the above






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**3.** Getting enough calcium is important for all pregnant women. Why is calcium especially important for pregnant teens?

- a) their bodies are still growing
- b) many teens have bad eating habits
- c) it sounds like a good thing to say
- d) a and b
- e) none of the above

**4.** Many teens are lactose intolerant—in other words, unable to digest calcium contained in dairy products. If I am lactose intolerant, what are some other foods I can eat that contain calcium?

- a) greens
- b) fortified soy milk products
- c) lactose-free dairy products
- d) broccoli
- e) all of the above

**5.** As long as I eat well, I don't have to exercise during pregnancy.

True    False

**6.** To cut down on my sugar intake and reduce my risk for gestational diabetes, I should stop or reduce my soda consumption.

True    False

**7.** It is a good idea for me to eat whole grain breads and cereals to increase my dietary fiber intake.

True    False

**8.** Now that I am pregnant it is OK to eat whatever I want because this is a special time for me.

True    False

**9.** As a pregnant woman I am eating for two, so I need to eat twice as much.

True    False

**10.** If I take a prenatal vitamin I don't need to worry about what I eat.

True    False

**11.** Drinking eight to ten glasses of water a day can prevent constipation.

True    False

**12.** If I eat less, the baby will be smaller and the birth easier.

True    False

**13.** Consuming alcohol or using drugs during pregnancy will increase my risk for the following outcomes:

- a) fetal alcohol syndrome
- b) low birth weight baby
- c) delivering before due date (pre term delivery)
- d) a only
- e) a, b, and c

**14.** Many pregnant women have anemia, or low levels of oxygen in the blood, due to inadequate intake of this:

- a) calcium
- b) vitamin A
- c) vitamin C
- d) iron
- e) vitamin D

(Please turn to page 10 for the answers)

# Nutrition Needs of Pregnant Teens

In this table are important food groups you need to include in your diet. Healthy teenage girls consume 2,200 calories a day. Remember, though, when you are pregnant, you will need to add an extra 300 calories to that. (What you see in the table below are the **minimum**—the smallest amounts—for a healthy diet each day).

Food group	Servings per day	Examples of <b>1</b> serving
<b>Milk &amp; High Calcium Foods</b>	4 to 5	1 cup milk or yogurt 1 cup fortified soy milk 1½ oz. cheese 1 cup calcium-fortified fruit juice 1½ oz. scoop of ice cream
<b>Protein Foods</b>	2 to 3	3 oz. cooked lean meat, fish or poultry 2 eggs ½ cup of tofu 2½ oz. soy burger (veggie burger) 1 cup of cooked beans 2 tbsp. of peanut butter
<b>Breads and Grains</b> (whole grains are best)	6 or more	1 slice of bread 1 small tortilla ½ cup of cooked oatmeal ¾ to 1 cup of cold cereal ½ cup of cooked pasta ½ cup of cooked rice ½ small bagel 3 to 4 small OR 2 large crackers
<b>Fruits and Vegetables</b>	5 or more	1 cup of raw fruit or vegetables ½ cup of cooked vegetables 1 medium piece fresh fruit 1 cup of green salad ¼ cup dried fruit ½ cup of fruit juice
<b>Fats and Oils</b>	2 to 3	1 tsp of oil (olive or canola are the best) 1 tsp of mayonnaise 6 almonds, 20 peanuts 1 tbsp of sunflower seeds ⅓ of avocado



## What Does *Culture* Have to Do With It?

**The way you dress, the music you listen to, the words you use, what you think is important, how you feel about religion, what you think is right or wrong—all of these things are part of what you learn because of the family you belong to and the community you live in—your culture. That’s true, too, about what you eat. Unfortunately, not all families understand how food affects your health, and so children can grow up eating foods that help cause diseases like hypertension (high blood pressure), diabetes, and obesity. With the right information, you can make sure that does not happen. Here are some ways to eat that will help you look good, feel good, and live longer. (Good things to teach your baby, too)!**

### *Instead of...*

### *Try...*

Using lard, coconut or vegetable oils

Olive or canola oils—they contain less of the bad fats (trans fats and saturated fats)  
OR  
Fat-free oil sprays like PAM

Frying your foods

Baking or grilling what you eat

Pork or red meat

Fish, skinless poultry (turkey bacon, ground chicken/turkey, turkey pepperoni, etc.).

Canned fruits and vegetables

Fresh fruits and vegetables—more vitamins and minerals

Soda or juice drinks

100% juice, or even better, water!

Refried beans

Whole beans

White bread

Whole grain or wheat bread

White rice

Brown rice

French fries

Baked potato

White flour tortillas

Whole wheat or corn tortillas

# Staying Well, Looking Great



From the movies, television, magazines—almost everywhere—those of us who live in the United States learn that to be beautiful you need to be thin. Because of this, teenage girls sometimes feel a lot of pressure to try to make sure they lose weight. The only way they know how to do this is to eat in ways that can be very dangerous. Especially when you are pregnant, it is important to make sure you take care of yourself.

## What are eating disorders?

**Binge eating** means eating lots of food in a short period of time, usually when alone. Then, because they can't stop even when they're full, many binge eaters feel out of control, depressed, guilty, or even disgusted with themselves.

**Anorexia nervosa** is the technical term for starving yourself. People with this disorder eat very, very little even if they are already thin. They are deeply afraid of gaining weight.

## Is it OK to diet while I'm pregnant?

**No.** Eating disorders and dieting during pregnancy can cause unnecessary complications. When you are pregnant, your baby takes nourishment from you. You need to eat healthy foods to make sure you don't have a miscarriage or suffer from chronic fatigue. If you eat well, you will have a much better chance of carrying your baby to full-term, having a baby who weighs a healthy amount, and delivering your baby naturally, thereby avoiding a caesarean section (c-section).

Did you know that pregnancy may intensify the feelings that go along with eating disorders—such as depression, guilt and a feeling of being out of control? Check below to see if any of the descriptions fit you. If so, it is important that you follow your health care provider's instructions to increase your chances of a healthy pregnancy and baby. Remember weight gain of 25-35 lbs is normal during pregnancy. If you struggle with weight gain issues, you should talk to your health care provider about your concerns.

**Bulimia nervosa** is a sickness that begins with binge eating, but people who suffer from this disorder try to make sure the food they eat does not cause them to gain weight. They may force themselves to vomit, or take laxatives or water pills. Just like people with anorexia nervosa, they may be thin or of normal weight, but they fear being fat.

**Excessive exercising** is one of the ways people with anorexia or bulimia try to control their weight. They exercise for long periods of time as a way to burn calories in the food they have eaten.

# Healthy Baby, Happy Baby

What your baby eats is very important. Babies who eat the right things not only stay healthier now, but also learn healthy eating habits so that when they are adults they are less likely to have diseases like diabetes, high blood pressure, anemia, and some cancers. And, they are much less likely to gain too much weight.



## What to Feed Your Baby

### 0-3 months

Breast milk. It is best to nurse the baby and offer no other food for the first six months. **Begin with 8-12 feedings each day.**

If for some reason you cannot breast feed, use infant formula fortified with iron.

*Servings:*

**0-2 months:** 5-8 bottles (2-6 oz.)

**3-4 months:** 4-7 bottles (5-8 oz.)

*Tips:*

- **Hold your baby and the bottle.** If you prop the bottle, your baby may choke.
- **Don't use the microwave to heat the bottles.**
- **Don't force your baby to finish the bottle.**

### 4-6 months

Breast milk (**4-6 feedings per day**)

If you're breastfeeding, you may now begin to add infant formula. **4-6 bottles per day (6-8 oz.)**

You also can give the baby infant cereal fortified with iron. It is best to mix the cereal with breast milk, but you may also use infant formula, or water. Begin with rice cereal first. **2 servings per day (1-2 tbsp)**

*Tips:*

- **Feed only one new cereal per week.**
- **Don't add salt or sugar to the cereal.**
- **Don't put the cereal in a bottle—** spoon feed.

### 6-8 months

Breast milk (**3-5 feedings/day**)

Infant cereal—add other varieties (oatmeal, plain, etc.) **2 servings/day (2-4 tbsp)**

Water

Solid foods—jarred, strained or mashed:

- crackers (**2 crackers**)
- vegetables (**2-3 tbsp**)
- fruits (**2-3 tbsp**)

*Tips:*

- **Give your baby vegetables before fruits.**
- **Try only one new fruit or vegetable each week.**
- **Use strained vegetables and fruit first. Add mashed or cooked vegetables and fruits later.**
- **Give fruit juice in a cup. The bottle is for breast milk and infant formula only.**

## 8-10 months

Breast milk (3-4 feedings/day)

Infant cereal (3-4 servings/day)

Soft breads (2-3 servings, 1/2 slice per serving)

Vegetables—cooked and mashed (2-3 servings, 3-4 tbsp/serving)

Soft fresh fruits such as bananas, pears, or peaches. Be sure to peel all fruits. Canned fruits should be in water or fruit juice, not syrup. (2-3 servings, 3-4 tbsp/serving)

Cooked beans, meats/poultry/fish, eggs—bite size pieces (3-4 tbsp, twice daily)

Soft cheese (1/2 oz)

### *Tips:*

- Feed only one new meat a week.
- Wait until your baby's 1st birthday to feed him or her egg whites. Egg yolks are OK sooner, but some babies are allergic to egg whites.
- Always taste heated foods before serving them to your baby to make sure they are not too hot.

## 10-12 months

Same as 8-10 months, plus you can add unsweetened dry cereals

Fruits—try adding more soft fruits such as melons, pineapples, peaches, and pears

Rice and noodles

## 1 year and beyond

Whole cow's milk can now be added

Offer 3 meals a day plus snacks

### *Tips:*

- Offer smaller portions.
- Never force a toddler to eat.

### **Fruit Juice, Soda and Water**

While your baby may like the taste of these, they have no nutritional value and should not be given to infants and toddlers.

### **You've decided to breastfeed your baby – Good For You!**

Your baby does not need extra formula in addition to the milk he/she takes from your breast. Your body makes the right amount of milk for your baby. When you give your baby formula your body gets confused and thinks the baby doesn't need as much milk. It is best not to supplement your baby's feedings with formula for at least the first three to four weeks your baby is breast feeding.

# How Breastfeeding Helps You and Your Baby

## 1) Healthy Baby

Your immunity to infections is passed on to your baby through breast milk. That means breastfed babies get fewer illnesses and allergies than non-breastfed babies.

## 2) Emotional Bonding

Breastfeeding helps nurture the new relationship between you and your baby, and it makes your baby feel secure and loved. At the same time, hormones released during breastfeeding relax you, and help you and your baby enjoy each other even more.

## 3) Saves Money

Since you do not have to buy bottles and formula, you save money.

## 4) Convenience

With no bottles to prepare or warm-up, you have more time to be with your baby and do other things you enjoy.

## 5) Easy to Digest

Breast milk is human milk. Because it's natural, a baby has no trouble digesting it and is less likely to have an upset stomach. What's more, babies who consume breast milk do not have smelly diapers.

## 6) Weight Loss

When you breastfeed, you burn between 200 and 500 calories a day, about what you'd burn walking briskly on a treadmill for an hour. Because of this, breastfeeding mothers tend to get back to their pre-pregnancy weight much faster than non-breastfeeding moms. Also, hormones released during breastfeeding help your uterus return to its normal size, which means your stomach gets flatter faster.

## 7) Introduce New Foods

Breastfeeding is a great way to introduce your baby to new foods. Many food flavors are passed through the breast milk, so take advantage of eating a lot of fresh fruits and vegetables. This will make it easier to introduce them when your baby is ready for table foods.

\* Breastfeeding is recommended for infants for the first six months. If for some reason you cannot breastfeed, you can feed your baby iron-fortified infant formula. Discuss with your health care provider what infant formula is right for your baby.

## Breast milk safety

If you want to store extra breast milk...

- Store breast milk in sterilized bottles in the refrigerator or a freezer.
- Label each container with the name of the child, date and time milk was pumped.
- Refrigerate promptly and use within 3 days, OR  
Freeze and use within 3-4 months.
- Do not add warm breast milk to frozen breast milk.
- Warm milk by holding the bottle or frozen bag of milk under cool water and then warm water for a few minutes. Never place a bottle or bag of breast milk in the microwave, or directly on the stove top.
- Once frozen milk is thawed, it can be refrigerated for up to 24 hours, but not re-frozen.
- If stored at room temperature (66-72 degrees F), breast milk must be used within 8 hours.

# See How Right You Are

(Answers to Nutrition Quiz on page 2)

1. **A** If you have a normal pre-pregnancy weight, you should gain 25-35 lbs. If you were underweight before pregnancy, you should gain 28-40 lbs. If you were overweight before pregnancy, you are better off gaining 15 to 20 lbs.

2. **E** Leafy green vegetables (broccoli, spinach, greens, etc.), fortified orange juice, and liver are all good sources of folic acid. While you're pregnant, it's good for you to eat 600 micrograms of folic acid daily, and also eat foods that contain folate.

3. **D** During your teens your bones are still growing. To make sure you get the calcium you need—and lots of teens don't—make sure the foods and drinks you have offer at least 1,000 mg of calcium every day.

4. **E** Greens, fortified soy milk products, lactose-free dairy products, and broccoli are all foods that provide calcium without lactose.

5. **False** Staying active will help you have a healthy pregnancy and labor.

6. **True** While you're pregnant try to drink water or 100% fruit juice instead of soda, so you don't have the extra sugar and caffeine.

7. **True** Lots of times, constipation is a problem when you're pregnant. Eating foods high in fiber is a great way to make sure that it doesn't become a problem for you.

8. **False** Sorry, not if it's the kind of food that is high in sugar or salt. Lots of junk foods are especially likely to be unhealthy.

9. **False** Although you do need extra nutrients when you're pregnant, you only need to add 300 calories per day. That is why it is important to choose foods that are high in nutrients and low in calories.

10. **False** Prenatal vitamins add to the nutrients you already get from your diet.

11. **True** Drinking enough liquids and exercise both help prevent constipation.

12. **False** Yes, the baby may be smaller, but he/she will be at an increased risk for health problems.

13. **E** Consuming alcohol during pregnancy increases your risk for a low birth weight baby and delivery before the due date. This can also put your baby at risk for fetal alcohol syndrome, which can mean your baby may suffer from both physical and mental disorders if you drink during pregnancy. No amount of alcohol is safe for you during your pregnancy.

14. **E** When you don't get enough iron, you can end up without enough oxygen in your blood—or, in other words, be anemic. If you feel really tired or dizzy, have a headache or have trouble staying warm, you may be anemic. To make sure that doesn't happen, be sure you get 30mg of iron each day.

## Prenatal Vitamins—what are they and do I need to take them?

You might have heard of prenatal vitamins—pills you take that contain vitamins you might not get enough of in your normal diet (like folic acid and iron). Taking these vitamins is a good idea, but remember, too, that you want to make sure you're not getting too much Vitamin A. You and your baby need no more than 10,000 IU of vitamin A a day. Also, prenatal vitamins won't give you as much calcium as you need, so make sure you get that from other sources. Your health care provider can help you find which prenatal vitamins are best. Taking them is good for you and your baby, not only while you're pregnant, but also when you breastfeed.



# Here's How to Save Money When You Buy Food

## How to Shop

- Before you go to the store, **plan your meals for a whole week**. That way, you save both time and money.
- Make a game of finding **coupons** for the foods you buy. You'll be amazed how many you can find—in the Sunday newspaper, in the mail, and online if you have a computer. And you can plan your meals to use the coupons, too.
- After you've finished your plan, **make a list of what you need** to buy. That's the best way to make sure you get everything you need—and it helps you remember not to buy something just because it looks good.
- The **best time to shop is right after you eat**. When you are hungry your body craves sugar, and that could make you buy unhealthy foods and more than you need. Eat first, then shop!
- **Shop at supermarkets**, not at convenience stores, even if they're closer to where you live. They're called convenience stores because they're close-by, but you pay lots more.
- When you get your grocery cart, also **pick up the newspaper your store publishes telling you which foods are on sale**. Even if those foods are not on your list, it may be a good idea to buy them. Then, when you do your menu for the next week you can find a way to include those foods in what you eat. More money saved!
- If you can, **shop by yourself**. When you shop with friends or your family members, you will be tempted to spend more money.
- **Buy things one at a time**. For example, if you eat cereal for breakfast, get just one kind, not three different ones. If you or your family like several different kinds, you can alternate, but just buy one kind at a time.
- **Take a calculator with you** to see how much you're spending—and saving.

## What to Buy and What to Eat

- Eating out is fun, but it also can cost lots of money. Try to eat out only one or two times a week. You may save enough money to buy yourself something special.
- Buy smart! Most of the time, the food the store sells with its own name on the label will be cheaper than the brands you see advertised on television. If it tastes the same—why pay higher prices?
- When you look for snack foods choose fruits and veggies—good for you and great for your pocketbook. Candy costs a lot.
- Two times a week—more if you can—leave meat out of what you eat for dinner. You're pregnant and you need protein, but you can get it from beans or cheese, too. You'll be surprised by how much money you save.

# Reading Nutrition Labels

Here is a sample labeling for Macaroni and Cheese Dinner

Nutrition Facts	
Serving Size 1 cup (228g) Servings Per Container 2	
Amount Per Serving	
Calories 260	Calories from Fat 120
% Daily Value*	
Total Fat 13g	20%
Saturated Fat 5g	25%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4%	Vitamin C 2%
Calcium 15%	Iron 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:	
	Calories: 2,000      2,500
Total Fat	Less than 65g      80g
Sat Fat	Less than 20g      25g
Cholesterol	Less than 300mg      300mg
Sodium	Less than 2,400mg      2,400mg
Total Carbohydrate	300g      375g
Dietary Fiber	25g      30g
Calories per gram:	
Fat 9	* Carbohydrate 4      * Protein 4

- 1
- 2
- 3
- 4
- 5
- 6
- 7

## 1 Serving Size

Start here when you look at a nutrition label. Serving sizes are based on the amount of food people eat, such as cups or pieces, followed by the metric amount. Pay attention to how many serving sizes are in the package and how much you actually eat. The nutrient information listed on the label is based on one serving size. In this example one serving is one cup. If you eat the entire package, you will be eating two servings.

## 2 Calories and Calories from Fat

Calories tell you how much energy you get from one serving of this food and how many of these calories come from fat. In this example 260 calories are in one serving and 120 calories are from fat. That means if you eat the entire box, or two servings, your calorie intake doubles—to 520 calories—and 240 of those calories come from fat. (Eating too many calories is linked to being overweight and obesity.)

## 3 Percent Daily Value (%DV)

%DV tells you whether the nutrients in a serving of food contribute a lot or a little to your daily food intake. %DV is based on eating 2,000 calories a day. The general rule is that if %DV is 5 or less, the food is low in that nutrient, and if %DV is 20% or more, the food is high in that nutrient.

## Nutrients

### 4 Limit These: Total Fat, Cholesterol, and Sodium

Most people get enough or even too much of these nutrients. Try to limit how much of these nutrients—in particular, saturated fat, trans fat, and cholesterol—you get. Also, try to stay away from foods that contain more than 140mg of sodium. Making sure you don't get too much of these nutrients helps you steer clear of cancer, heart disease, or high blood pressure.

### 5 Energy and Protein

This section shows you the amount of carbohydrates—dietary fiber and sugars—and protein a food contains. Carbohydrates, found primarily in grains, fruits, and vegetables, are the body's main source of energy. Dietary fiber helps you digest your food and keep your cholesterol levels in check. Protein is what your body uses to build lean body tissue mass. Information in this section is especially important for people with diabetes or who need to eat fewer carbohydrates.

### 6 Increase These: Vitamins A, B, C; Calcium, Iron, and Dietary Fiber

People do not get enough of these nutrients in their diets. Look for foods that contribute more than 30% of %DV for these vitamins and minerals. It's a good way to improve your health and help reduce the risk of some diseases and illnesses.

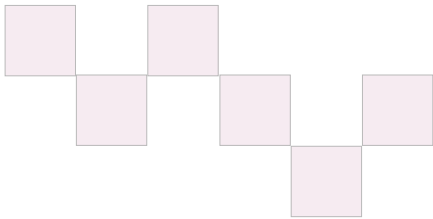
## Footnote

### 7 Recommendations

This section tells you how much of each nutrient you should eat every day based on the total calories you eat—2,000 or 2,500 daily. For example, if you eat 2,000 calories a day, it is a good idea to eat no more than 65 grams of fat. If you eat 2,500 calories a day, try to stay with fewer than 80 grams of fat.

# Eating Out vs. Cooking

## How much money can I save on dinner?



Eating Out...

### Receipt from local pizza place:

Large pepperoni pizza	\$	13.99
Pepsi 2 Liter	\$	1.99
Salad	\$	5.99
Subtotal	\$	21.97
Tax	\$	2.19
<b>Total</b>	<b>\$</b>	<b>24.16</b>

Serves: 4 people

Now let's see how much  
you would save if you  
make your own dinner...

### Receipt from local supermarket:

Pizza Crust	\$	2.99
Tomato sauce	\$	0.33
Pepperoni	\$	2.69
Cheese	\$	2.49
Pepsi 2 Liter	\$	0.99
Bag of Salad	\$	2.99
Subtotal	\$	12.48
Tax	\$	0.00
<b>Total</b>	<b>\$</b>	<b>12.48</b>

Serves: 6 people

Eating Out: \$ 24.16

Cooking: - 12.48

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**Total Savings: \$ 11.64**

You save almost \$12 and feed 2 more people  
if you make your own pizza instead of ordering  
from a local pizza place.

# Recipes

## Spaghetti with Turkey Meat Sauce

### Ingredients:

- Nonstick cooking spray, as needed
- 1 lb. ground turkey
- 1 can (28 oz.) tomatoes, diced
- 1 cup of finely chopped green pepper
- 1 cup of finely chopped onion
- 2 cloves of garlic, minced
- 1 teaspoon of dried oregano, crushed
- 1 teaspoon of black pepper
- 1 lb. spaghetti, cooked

### Directions:

1. Spray a large skillet with nonstick spray coating. Preheat over high heat.
2. Add turkey; cook, stirring occasionally, for 5 minutes. Drain and discard fat if there is any.
3. Stir in tomatoes with their juice, green pepper, onion, garlic, oregano, and black pepper. Bring to a boil; reduce heat. Simmer covered for 15 minutes, stirring occasionally. Remove cover; simmer for 15 minutes more. (To make your sauce creamier, give it a whirl in your blender or food processor.)
4. Meanwhile, cook spaghetti in unsalted water. Drain well.
5. Serve sauce over spaghetti.

Serves 6



## Spanish Omelet

### Ingredients:

- 2 baked potatoes, diced
- 2 cups fat-free egg substitute
- 1 large tomato, seeded and diced
- 2 Tbsp. minced fresh parsley
- 2 cloves garlic, minced
- 1 tsp. olive oil
- 1 large onion, minced
- 2 tsp. margarine

### Directions:

1. In a large non-stick frying pan over medium heat, cook the potatoes, onions, tomatoes, parsley and garlic in the oil until most of liquid has evaporated from the tomatoes.
2. Transfer to a large bowl and stir in eggs.
3. Wipe out the frying pan then place it over medium-high heat and let stand for about 2 minutes.
4. Add 1 tsp. margarine and swirl the pan to distribute.
5. Add half of the egg mixture; lift and rotate pan so that the eggs are evenly distributed.
6. As the eggs set around the edges, lift them to allow uncooked portions to flow underneath.
7. Turn the heat to low, cover the pan and cook until the top is set.
8. Invert onto a serving plate.
9. Cut into wedges.
10. Repeat with the remaining 1 tsp. margarine and egg mixture.

Serves 4

## Pupusas Revueltas

### Ingredients:

- 1 pound ground chicken breast
- 1 tablespoon vegetable oil
- ½ pound low fat mozzarella cheese, grated
- ½ small onion, finely diced
- 1 clove garlic, minced
- 1 medium green pepper, seeded and minced
- 1 small tomato, finely chopped
- ½ teaspoon salt
- 5 cups instant corn flour (masa harina)
- 6 cups water

### Directions:

1. In a nonstick skillet over low heat, sauté chicken in oil until chicken turns white. Constantly stir the chicken to keep it from sticking.
2. Add onion, garlic, green pepper, and tomato. Cook until chicken mixture is cooked through. Remove skillet from stove and let mixture cool in the refrigerator.
3. While the chicken mixture is cooling, place the flour in a large mixing bowl and stir in enough water to make a stiff tortilla-like dough.
4. When the chicken mixture has cooled, mix in the cheese.
5. Divide the dough into 24 portions. With your hands, roll the dough into balls and flatten each ball into a 1/2-inch thick circle. Put a spoonful of the chicken mixture in the middle of each circle of dough and bring the edges to the center. Flatten the ball of dough again until it is 1/2-inch thick.
6. In a very hot, iron skillet, cook the pupusas on each side until golden brown. Serve hot.

Serves 12

## Easy Chicken Nuggets

### Ingredients:

- 4 cups whole grain total or total corn flakes
- 1 lb. boneless, skinless chicken breasts, cut into 1-inch pieces.
- ½ cup Italian dressing, honey mustard or pepper sauce

### Directions:

1. Heat oven to 425°. Spray baking sheet with cooking spray.
2. Crush cereal and put in bowl. Dip chicken pieces into dressing; then roll in cereal until well coated.
3. Place chicken pieces in pan. Bake about 10 minutes or until no longer pink in center.

Serves 4

## Resources:



- 1. March of Dimes** [www.modimes.org](http://www.modimes.org)  
March of Dimes researchers, volunteers, educators, outreach workers and advocates work together to give all babies a fighting chance against threats to their health: prematurity, birth defects, low birth weight.
- 2. Women, Infants and Children (WIC)** [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)  
The Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—serves to safeguard the health of low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.
- 3. Food and Nutrition Service (FNS)** [www.fns.usda.gov](http://www.fns.usda.gov)  
FNS is a federal agency of the U.S. Department of Agriculture, responsible for administering the food and nutrition programs and resources at the national and regional levels.
- 4. 4 Girls Health** [www.4girls.gov](http://www.4girls.gov)  
A resource for girls on topics including nutrition and fitness.
- 5. Centers for Disease Control and Prevention** [www.cdc.gov/nccdphp/dnpa](http://www.cdc.gov/nccdphp/dnpa)  
CDC's Division of Nutrition and Physical Activity (DNPA) takes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases. The scope of DNPA activities includes epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development.
- 6. American Dietetic Association** [www.eatright.org](http://www.eatright.org)  
With nearly 70,000 members, the American Dietetic Association is the nation's largest organization of food and nutrition professionals. ADA serves the public by promoting optimal nutrition, health and well-being.
- 7. General Mills—Bell Institute of Health and Nutrition** [www.generalmills.com](http://www.generalmills.com)  
Through the Bell Institute of Health and Nutrition, General Mills scientists contribute to food science and public health by conducting, publishing and disseminating research on current topics and issues.
- 8. Storknet** [www.storknet.com](http://www.storknet.com)  
Provides a pregnancy and parenting community online.
- 9. Nestle Foods** [www.verybestbaby.com](http://www.verybestbaby.com)  
This site provides information on pregnancy and infant nutrition.
- 10. Ohio State University (OSU)** <http://ohioline.osu.edu>  
OSU produces the "Teen Pregnancy and a Healthy Lifestyle" Fact Sheet.
- 11. District of Columbia WIC** <http://dchealth.dc.gov/services/WIC>
- 12. Capital Area Food Banks** [www.capitalareafoodbank.org](http://www.capitalareafoodbank.org)  
The Capital Area Food Bank is the largest public, non-profit food and nutrition education resource in the DC Metro Area. Through our network of more than 750 member feeding programs, each year we distribute millions of pounds of food to the community and educate thousands of local residents on hunger, poverty and nutrition issues.
- 13. Giant Foods** [www.yourbabytoday.com](http://www.yourbabytoday.com)  
Information on healthy pregnancy and parenting.
- 14. Baby Center** [www.babycenter.com/baby](http://www.babycenter.com/baby)  
Comprehensive online resource providing information for new and expectant mothers.



# Medicine and Pregnancy

Many pregnant women take prescription medicines for health problems like diabetes, asthma, seizures, heartburn, and morning sickness. Other women take medicines before they realize they are pregnant.

Not all medicines are safe to take when you are pregnant. Some medicines can harm your baby. Follow these four tips to help keep you and your baby safe.

**1. Ask questions.** Always talk to your health care provider before you take any medicines, herbs, or vitamins. Don't stop taking your medicines unless your health care provider says that it is OK.

- **I want to have a baby. What should I do about the medicine I take?** Before you get pregnant, work with your doctor to make a plan to help you safely use your medicines.
- **What medicines should I avoid?** Some drugs can harm your baby during different stages of your pregnancy. At these times, your doctor may have you take something else. Even aspirin or ibuprofen can cause problems if you take it during the last 3 months of your pregnancy.
- **Will I need to take more or less of my medicine?** Your heart and kidneys work harder when you are pregnant. This makes medicines pass through your body faster than usual. Your doctor may change how much you take.
- **What kind of vitamins should I take?** Ask about special vitamins for pregnant women. Do not take regular vitamins. They may



Get the facts  
before you take any  
medicines during  
pregnancy.

[www.fda.gov/pregnancy](http://www.fda.gov/pregnancy)

# Medicine and Pregnancy (continued)

have too much or too little of the vitamins that you need.

It is important to take 0.4 milligrams (400 micrograms) of folic acid every day before you become pregnant through the first part of your pregnancy. Folic acid helps to prevent birth defects of the baby's brain or spine.

- **Can I take “natural” products like herbs, minerals, and amino acids?** No one is sure if these are safe for pregnant women. So, it is best not to use them.

**2. Read the drug label.** Drug labels list the risks for women who are pregnant or breast feeding.

The labels tell what is known about how the drugs might affect or have affected other pregnant women.

**3. Report problems.** Contact the FDA to report any serious problems you have after taking a medicine.

- **Call:** 1-800-FDA-1088
- **Report Online:** [www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm](http://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm)

#### **4. Sign-up for a Pregnancy Registry.**

Pregnancy Exposure Registries are research studies that collect information from women who take prescription medicines or vaccines during pregnancy.

Pregnancy registries help women and their doctors learn more about which medicines are safe to take during pregnancy.

The FDA does not run pregnancy studies, but it keeps a list of all registries. See if there is a registry for your medicine. Go to:

[www.fda.gov/pregnancyregistries](http://www.fda.gov/pregnancyregistries)



## To Learn More:

### **FDA Pregnancy Website**

[www.fda.gov/pregnancy](http://www.fda.gov/pregnancy)

### **MotherToBaby**

1-866-626-6847

[www.mothersbaby.org](http://www.mothersbaby.org)

### **Medline Plus**

[www.nlm.nih.gov/medlineplus/pregnancy.htm](http://www.nlm.nih.gov/medlineplus/pregnancy.htm)

### **MOTHERISK**

1-877-439-2744

[www.motherisk.org/women/index.jsp](http://www.motherisk.org/women/index.jsp)

# Psychotropic Medication and Pregnancy/Breastfeeding

**IMPORTANT NOTE:** Although CLC strives to provide accurate information to clients and providers regarding psychotropic medication during pregnancy or breastfeeding, the information provided is no substitute for a patient sitting down with her doctor and discussing the risks and side effects of taking any medication during pregnancy. We **strongly encourage** women to consult with their healthcare providers regarding any psychotropic medication during pregnancy or breastfeeding.

## Benefits and Risks of Psychiatric Medications in Pregnancy

<http://www.aafp.org/afp/2002/0815/p629.html>

Provides information on a number of psychotropic medications and their potential impact on a child's development.

# Adoption Resources

## Adoptions Together

(202) 526-4802 or (800) 439-0233 (hotline)

<http://www.adoptionstogether.org/>

Adoptions Together provides free counseling services to women and couples who need help weighing their options regarding pregnancy. Adoptions Together offers counseling via a 24/7 hotline and provides support and guidance to help birth parents make the best decision for their child. Adoptions Together also offers community resources if the birth parent decides to become a parent.

## Catholic Charities' Pregnancy and Adoptions Program

(202) 772-4300 ext. 041

<http://www.catholiccharitiesdc.org/PAS>

Catholic Charities' Pregnancy and Adoptions Program facilitates private adoptions between birth parents and adoptive parents. The program also provides information, training, home studies, and licensing for potential adoptive parents. It also provides counseling to pregnant women and expectant fathers who are experiencing an unintended pregnancy.

## Newborn Safe Haven Project

(202) 442-6100

<http://cfsa.dc.gov/service/safe-havens-newborns>

The Newborn Safe Haven Project allows any D.C. resident who is a parent of a newborn less than 14 days old to surrender the infant to workers at any hospital in D.C., all of which are designated safe havens. The surrendering parent does not have to provide their name. As long as there has not been actual abuse or neglect and the child is unharmed, the parent will not face any legal consequences. Residents who use the safe haven program give up their parental rights. Care of the infant is transferred to Child and Family Services, who will place the child in a foster home while seeking adoption for the child.

# Safe Haven is a Responsible Choice.



**Information for D.C. parents leaving a newborn at a hospital**

*When you just can't keep and care for your newborn, help is here.*

*The District of Columbia safe haven law protects newborns and their parents. As long as you are a D.C. resident and your baby is less than 14 days old and not abused or neglected, you may give the baby to workers at this hospital.*

*You don't need to give your name. You won't get in trouble. Your baby will have good care and a safe start in life.*



Government of the District of Columbia

## What happens at the hospital?

The hospital will:

- Make sure you are the baby's parent and that you live in D.C. These are basic questions you must answer.
- Ask you to fill out some forms with health information. You don't have to fill out the forms, but giving a medical history will help the baby. If you want, you can just give medical information and leave out your name. If you do give your name, it will be confidential.
- Check the baby to make sure s/he is unharmed and less than 14 days old. The hospital will provide any health care the baby needs.
- Put the baby in the care of the DC Child and Family Services Agency (CFSA) within 23 hours.

## What happens to me?

When you use a safe haven, you are giving up your rights as the baby's parent. You pave the way for the baby to be adopted. That's a responsible choice. No one will call the police about you. You won't get in trouble. After answering the basic questions the hospital asks, you're free to leave at any time.

## What happens to the baby?

CFSA will:

- Make sure the baby is safe and has good care.
- Tell the Superior Court of the District of Columbia about the baby. CFSA and the court will work together to make decisions about the baby's future.
- Publish a notice three times over the next three months to try to find the other parent. CFSA will not use your name or any facts about you in the published notice. CFSA will also check with police about whether anyone reported a missing infant. The law requires these steps. The other parent has 20 days to respond after CFSA publishes the third notice. If not, the other parent gives up rights as the baby's parent.
- Get permission from the court for the baby to be adopted.

## What can I do about feeling so upset?

Giving up a baby is hard, even when it's the right thing to do. It's a big experience that may have left you with many strong feelings. Talking to a trained professional who cares and understands can help you feel better. Reach out to the DC Department of Mental Health for help that's free of charge.

- Call the 24-hour Access Helpline at 1-888-793-4357.
- Visit the clinic at 35 K Street NE. The phone number there is 202-442-4202.

## Will the baby get a good home?

The baby has a very good chance of being adopted into a loving family. CFSA has a list of people waiting to adopt. Many are hoping for an infant. CFSA and its partner agencies carefully interview, train, and check the backgrounds of people who want to adopt. This includes making sure they:

- Have no criminal or child abuse history.
- Have room in their home for a child.
- Can support the child financially.
- Can provide a safe, loving home.

This opportunity for a good life is a gift from you to the baby.

## What if I change my mind about giving up my baby?

Call CFSA at 1-855-442-2229. You must call within 14 days of leaving your baby at the hospital safe haven. You'll need to give your name and have a medical test to prove you are the baby's parent. A CFSA social worker will visit your home to make sure it's safe and to offer help you and the baby may need.

## Safe Haven Options for Residents of Neighboring States

### Maryland

Parent who is a Maryland resident may take a newborn of 10 days or less to a hospital or police station.

### Virginia

Parent who is a Virginia resident may take a newborn of 14 days or less to a hospital emergency room or emergency medical rescue squad.



**“I’m  
having a  
baby I  
can’t take  
care of.”**

**Don’t panic!**  
**D.C. has a safe place  
for your newborn.**

## Are you pregnant and desperate? Help is here!

An unwanted pregnancy can be traumatic. You feel scared, worried, and very alone. You may even think about hurting yourself or your baby. Please don't do something reckless! There's a way to make a safe choice for you and your baby without getting into any trouble.

### Safe haven is a responsible choice.

D.C. has a safe haven law that protects newborns and their parents. The law says that parents won't get into any trouble as long as they:

- Don't harm the newborn and
- Bring the newborn to a safe place.

No matter how desperate you feel, safe haven is a responsible choice you can make without breaking the law.

### Where are safe havens? Who can use them?

Hospitals are the safe haven locations in the District. They are located in every area of the city and open around the clock. See the list at the bottom of this page. Using a hospital as a safe haven is an option for any D.C. resident who is the parent of a newborn less than 14 days old.

### What happens at a safe haven?

If you are a D.C. resident and the parent of a newborn less than 14 days old:

- You may give your infant to workers at one of the hospital safe havens in D.C.
- You won't have to give your name. No one will call the police.
- The hospital will ask you to fill out some forms with health information. Giving a medical history will help your baby get the best care—but it's your choice whether to fill out the forms or not.
- Hospital staff will give the baby a medical exam and provide any needed care.
- Within a day, the DC Child and Family Services Agency (CFSA) will take over caring for the baby. CFSA will place the baby in a safe foster home.

### What happens after the safe haven?

When you leave your baby at a safe haven, you agree to give up your rights as the baby's parent. This paves the way for the Superior Court of the District of Columbia to make your baby available for adoption. Many people are eager to adopt infants. The baby has a very good chance of growing up in a safe, loving home. That opportunity for a good life is a gift from you to the baby.

Look for this sign.



Safe haven is a responsible choice.  
For confidential information or help, call  
**1-855-442-2229**

## Safe Haven Locations in the District of Columbia

Northeast	Southwest	Southeast
Providence Hospital 1150 Varnum Street, NE	Specialty Hospital of Washington 4601 Martin Luther King Jr. Avenue, SW	St. Elizabeth's Hospital 1100 Alabama Avenue, SE
HSC Pediatric Center 1731 Bunker Hill Road, NE		United Medical Center 1310 Southern Avenue, SE
Specialty Hospital of Washington 700 Constitution Avenue, NE		
Northwest		
Children's National Medical Center 111 Michigan Avenue, NW	George Washington University Hospital 901 23 <sup>rd</sup> Street, NW	Georgetown University Hospital 3800 Reservoir Road, NW
Howard University Hospital 2041 Georgia Avenue, NW	National Rehabilitation Hospital 102 Irving Street, NW	Psychiatric Institute of Washington 4228 Wisconsin Avenue, NW
Sibley Memorial Hospital 5255 Loughboro Road, NW	Washington Hospital Center 110 Irving Street, NW	



# Housing Resources for Teen Parents in Foster Care

## Bright Futures Teen Mother Program

(202) 232-0648

<https://familymattersdc.org/services/youth-and-family/bright-futures-teen-mother-independent-living/>

Bright Futures Teen Mother Program is offered through Family Matters of Greater Washington. Bright Futures provides a nurturing environment in which up to 14 young women can live and care for their children, while working with supportive staff 24 hours a day to gain the vital skills needed to raise a family. The staff at Bright Futures serves as mentors, links women to quality daycare providers, and offers educational opportunities, vocational and lifestyle training, and health care and housing information. All Bright Futures residents are enrolled in high school or vocational training as well as parenting classes. All Bright Futures residents must be at least 16 years of age.

## Catholic Charities of D.C.

(202) 772-4300 ext. 003

<http://www.catholiccharitiesdc.org/page.aspx?pid=420>

<http://www.catholiccharitiesdc.org/TeenParent>

Catholic Charities of D.C. offers two housing resources. THRIVE Residential Unit Independent Living Program strives to ensure youth who transition out of the foster care system have stable housing and employment. Youth have the opportunity to secure an apartment with assistance and to receive services, including staff support 24 hours a day, rental assistance, educational and vocational aid, crisis counseling, socializing opportunities and life skills training. The Teen Parent Program works with youth and their children to transition out of the foster care system into stable housing. Youth have the opportunity to secure their own apartment with support locating a home and paying the monthly rent. Youth and their children also receive case management, daily living skills training, and specialized parent training sessions.

## The Elizabeth Ministry, Inc.

(202) 827-8854

[www.theelizabethministry.org](http://www.theelizabethministry.org)

Elizabeth Ministries works with approximately 25 young mothers currently in the child welfare system. The program seeks to provide both affordable housing and comprehensive supports to pregnant and parenting teens close to aging out of the child welfare system. The 25 mothers are offered the chance to participate in a 5-year program aimed at developing and nurturing young women to become self-directed young adults. The program includes six key components: economic self-sufficiency, education and employment, psycho-social development, spirituality/religiosity, family/child development, and mentoring.

## St. Ann's Center for Children, Youth and Families

(301) 559-5500

[www.stanns.org](http://www.stanns.org)

St. Ann's offers two transitional living programs for homeless and at-risk single women with children, who are wards of D.C., Faith House and Hope House. While residents of each receive services such as parenting support and financial management, Faith House offers a more independent setting, while Hope House provides 24-hour supervision and care. To be eligible for the programs, applicants must be willing to sign a rental agreement and commit to: paying rent based on a small percentage of income; maintaining employment; maintaining a safe, clean, and healthy home; being a good parent; and being a good neighbor. Staff will evaluate applicants based on need, willingness to participate in the program, and St. Ann's current ability to meet the applicant's needs.

# Housing Resources for Teen Parents Not in Foster Care

## Covenant House Washington

(202) 610-9600

<http://www.covenanthousedc.org>

Covenant House offers three separate housing services. Safe Haven has 36 beds for immediate, short-term emergency shelter for homeless and parenting young people, ages 18-21. Safe Haven provides for youth's basic needs and offers services to help youth establish a foundation of safety. Services at the crisis center include job readiness, education status, legal status, physical health, and mental health evaluations; individual case planning services; and job preparedness and/or job training programs. The Rights of Passage (ROP) program is a transitional living program for homeless or parenting youth and their children. The Supportive Housing Program (SHIP) is a 13 unit apartment-based program that provides housing and support services for 7 families and 6 single, homeless young people with extraordinary circumstances, such as mental health issues, positive HIV/AIDS diagnosis, exposure to domestic violence, substance abuse issues, or other documented special need. Both the ROP and SHIP program also provide services, including skill assessments, educational and employment assistance, and access to a full-service child development center. To be eligible for ROP or SHIP, youth must be between the ages of 18-24, maintain employment, and enroll in Covenant House's employment and educational assistance programs.

## Sasha Bruce Youthwork Olaiya's Cradle Program

(202) 675-8371 or (202) 547-7777 (hotline)

<http://www.sashabruce.org/programs/safehomes/olaiyas-cradle/>

Sasha Bruce's Olaiya's Cradle Program offers supportive, independent living for homeless young mothers, ages 18-21, and their children, for up to 18 months. Women are self-referred and receive individual counseling, maternal and infant health care, life skills training, education and career guidance, child care support, and parenting training. Residents who graduate from the program also receive follow-up support and housing assistance to help them maintain stability.

## St. Ann's Center for Children, Youth and Families

(301) 559-5500

[www.stanns.org](http://www.stanns.org)

St. Ann's Faith House offers transitional living programs for homeless and at-risk single women with children. Faith House is open to both teens who are wards of D.C. and those who are not. To be eligible for the program, applicants must be willing to sign a rental agreement and commit to: paying rent based on a small percentage of income; maintaining employment; maintaining a safe, clean, and healthy home; being a good parent; and being a good neighbor. Staff will evaluate applicants based on need,

willingness to participate in the program, and St. Ann's current ability to meet the applicant's needs.

### **Borromeo Housing, Inc.**

(703) 841-0139

<http://borromeohousing.org>

Borromeo Housing, Inc. (BHI) aims to empower young single mothers to create a self-sustaining future through education, counseling, and support. BHI offers a residential program for young women and their children. BHI provides nurturing support and a disciplined framework to young mothers and also monitors infants to ensure children are parented responsibly, receive appropriate medical care, and meet developmental benchmarks. While residents of Arlington County receive first priority in the residential program selection process, applicants do not have to be Arlington County residents.

### **The Northwest Center**

(202) 483-7008

[www.northwestcenter.net](http://www.northwestcenter.net)

The Northwest Center's Maternity Home, provides transitional housing for pregnant women ages 18-30. The Maternity Home program also offers life skills training, case management services, access to health care, assistance with referrals for daycare or other community-based agencies, and development of interpersonal communication skills.

### **Latin American Youth Center (LAYC)**

(202) 489-5121 <http://www.layc-dc.org/index.php/programs/community-wellness/safe-housing/hopes-house.html>

LAYC's Hope House is a nine-month transitional living program available to youth ages 18-24 who are single parents with one child. To be eligible, youth must be homeless or unstably housed and should be able to demonstrate that they have begun to build skills needed to live independently.

### **New Endeavors by Women**

(202) 561-7625/ (202) 682-5825/ (202) 561-1010

Emergency Shelter Hotline: 1-800-535-7252

[Nebw.org/programs](http://Nebw.org/programs)

New Endeavors by Women (NEW) provides transitional and permanent supportive housing for unaccompanied women and women with children through three housing programs. The New Generations program provides transitional living services, while the Shelter Plus Care and New Horizons programs provide permanent housing supports. New Generations is a 24-month family reunification transitional housing program for mothers and children that provides apartment housing for 15 reunifying families. Shelter Plus Care is an open-ended permanent supportive housing program that serves 10 women or families, many of whom have multiple disabling conditions that threaten their ability to remain in housing. New Horizons provides permanent supportive housing to 17 families of women and children, with specialized services for those recovering from domestic abuse.

## **Carrie Simon House**

(202) 895-6303

<http://www.whctemple.org/faith-in-action/volunteer-at-whc/helping-our-children/carrie-simon-house>

The Carrie Simon House, operated by the Washington Hebrew Congregation, provides a safe and supportive home for homeless young women ages 18-25 and their babies. While residing at the house, residents must attend school, participate in job training or hold a job, perform assigned household chores, comply with a curfew and other rules, and meet regularly with a case manager.

## **Queen of Peace, Missionaries of Charity**

(202) 562-6890

Queen of Peace, Missionaries of Charity provides housing for pregnant women and their children under the age of 3. Women are allowed to remain in the program until 6 weeks post-delivery of the infant. Applicants to the program must partake in an in-person interview. Women under the age of 18 must have parental consent.

# Healthcare Resources for Young Families

## Healthy Babies Project

(202) 396-2809

[www.healthybabiesproject.org](http://www.healthybabiesproject.org)

Healthy Babies provides services, pregnancy support, and parenting support for at-risk D.C. women and families. Healthy Babies offers the following programs: Teen Parent Empowerment Home Visiting/Family Support, Developing Dads, and Confident Parenting. Healthy Babies also provides pregnancy testing, family planning counseling, risk assessment, case management, confidential family counseling, crisis intervention and management, mental health screenings and counseling, emergency services, and substance abuse screenings and referrals. In addition, Healthy Babies hosts family fun nights, runs a baby book-a-month program for expectant parents, makes referrals to onsite child development services, and creates individual care plans for enrolled families.

## Mary's Center

(202) 483-8196

[www.maryscenter.org](http://www.maryscenter.org)

Mary's Center offers prenatal, pediatric, adolescent, and adult care. Mary's Center also provides dental care, mental health care, and WIC-related services. Mary's Center pediatric care serves children ages 12 and younger with complete well-baby and well-child care. In addition, Mary's Center emphasizes prevention and management of chronic conditions by immunizing all patients according to schedule.

## Teen Alliance for Prepared Parenting (TAPP)

(202) 877-0748

<http://www.medstarwashington.org/our-services/womens-health/treatments/maternity-services/teen-alliance-for-prepared-planning/#q={}>

TAPP provides a full range of services that promote healthier living and improve the overall well-being of pregnant and parenting teens. Services include: prenatal/post-partum clinical care; prenatal education; parenting education; family planning services; individual and group counseling; referral services such as adoption, mental health and medical insurance, training in communication, conflict resolution and other life-management skills; and fatherhood counseling, coaching and job referrals. Adolescents who are pregnant and age 18 or younger can enroll at any point during their pregnancy. Young fathers can enroll if they are expecting a child or have a child under age five. Adolescents may continue in the program until age 23.

## Children's National Medical Center Healthy Generations Program

(202) 476-5794

<http://childrensnational.org/advocacy-and-outreach/in-the-community/other-community-programs/healthy-generations>

The Healthy Generations Program at Children's National Medical Center is one of only a handful of comprehensive "teen-tot" programs in the United States designed to provide primary health care for adolescent parents (up to 19 years old) and their children. The program currently serves more than 500 families in the D.C. area. The program accepts parents age 18 (or younger) and their children and parents age 19 (or younger), who have children with special needs.

### Children Receive:

- Care during illnesses
- Well-child physical examinations
- Immunizations
- Developmental assessments

### Parents Receive:

- Gynecologic care
- Family planning services/ birth control
- Parenting education
- Physical examinations
- Psychosocial and parenting support

## The Conway Health and Resource Center

(202) 540-9857 (medical) or (202) 540-9862 (dental)

[www.communityofhopedc.org/healthcare](http://www.communityofhopedc.org/healthcare)

The Conway Health and Resource Center is located in Ward 8's Bellevue neighborhood and provides primary medical and dental care, including pediatric care, physicals, immunizations, prenatal care, and confidential youth services. The Center accepts Medicaid, Medicare, DC Alliance and other private insurance, but will provide services regardless of insurance status or ability to pay.

## Community of Hope – Family Health and Birth Center

(202) 398-5520

<https://www.communityofhopedc.org/fhbc>

The Family Health and Birth Center (FHBC) offers a range of healthcare services for families, including birthing services, prenatal care, breastfeeding support and education, primary care for families, and pediatric care.

OFFICIAL BUSINESS  
PENALTY FOR MISUSE



Government of the  
District of Columbia  
Vincent Gray, Mayor



## What you should know:

### HealthCHECK

HealthCheck check-ups are FREE from birth up to 21 years of age if you have Medicaid/ DC Healthy Families. If your doctor finds any problems during a check-up, your child will also get free treatment.

Get Your Child a Complete Physical Examination at the ages below:

Infant/Todler		Child/Teen
1 month	12 months	Annually (each year) from ages 3 years through 20 years
2 months	15 months	
4 months	18 months	
6 months	24 months	
9 months	30 months	

HealthCheck check-ups include important FREE shots to help prevent many serious diseases.

If you have trouble getting services, contact your Managed Care Member Services office or the DC Office of the Health Care Ombudsman and Bill of Rights at 1-877-685-6391.

#### Managed Care Organizations:

- AmeriHealthDC: 1-800-408-7511
- HSCSN: 1-866-937-4549
- MedStar Family Choice: 1-888-404-3549
- Trusted Health Plan: 1-855-326-4831

## What you should do:

- Call and make an appointment for a check-up with your doctor or clinic
  - If needed, call your Managed Care Provider to arrange transportation to your HealthCheck visits. If you are not in a Managed Care Organization (MCO), call the Medical Transport Management line at 1-866-796-0601
  - Bring your Medicaid/Managed Care card to each appointment
  - Pregnant women or new moms, not in an MCO, call: 1-800-MOM-BABY (1-800-666-2229) for referrals for prenatal care and other needed services
  - Call your ESA case worker to get your new baby a Medicaid card at (202) 724-5506
  - For questions about enrollment in an MCO, call: (202) 639-4030
- Your child's check-up will include:**
- Full physical exam
  - All needed shots
  - All needed tests and screenings
  - Time for you to ask questions and get answers about your child's health and development
  - Referrals for any treatment or services your child may need

## Free Developmental & Behavioral Services

Do you have concerns regarding how your child is walking, talking, learning or acting?

If you are concerned about any of these things, and your child is:

- 0-3 years of age, call 202-727-3665
- 3-5 years of age, call 202-698-8037 or visit: [www.earlystagesdc.org](http://www.earlystagesdc.org)
- Over 5, call your child's school

Developmental testing is offered for free to children who live or attend school in the District of Columbia, through the DC Early Intervention/Strong Start program.

## Free Dental Services

HealthCheck provides FREE dental services to children up to 21 years of age. Covered services include:

- Oral exam
- Basic dental treatment
- X-rays
- Oral hygiene instruction
- Dental sealants
- Fluoride treatment
- Limited orthodontic services
- Filling and tooth extraction
- And more

Call your dentist today to schedule a HealthCheck dental exam. If you have trouble making an appointment, call the

**Dental Helpline: 1-866-758-6807**



**ENGLISH**

If you do not speak and/or read English, please call (202) 639-4030 between 8:15 a.m. and 4:45 p.m. A representative will assist you.

**SPANISH**

Si no habla o lee inglés, llame al (202) 639-4030 entre las 8:15 a.m. y las 4:45 p.m. Un representante se compondrá en español.

**AMHARIC**

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**VIETNAMESE**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi (202) 639-4030 từ 8 giờ 15 sáng đến 4 giờ 45 chiều. Sẽ có người đại diện giúp bạn.

**TRADITIONAL CHINESE**

如果您不能說和/或不識國語英語，請在上午 8:15 到下午 4:45 之間撥打 (202) 639-4030 打電話。我們會有代表協助您。

**KOREAN**

영어로 대화를 할 수 없는 영어를 읽지 못하는 경우, 오전 8시 15분에서 오후 4시 45분 사이 (202) 639-4030으로 전화해 주시기 바랍니다. 당일 직원이 도와드립니다.

**FRENCH**

Si vous ne parlez pas ou lisez l'anglais, il vous plaît appeler (202) 639-4030 entre 8:15 du matin et 4:45 du soir. Un représentant vous aidera.

Gobierno del Distrito de Columbia  
Departamento de Finanzas para el Cuidado de la Salud



**Lo que usted debería saber:**

Chequeo de **SALUD**

Si usted tiene cobertura de Medicaid/DC Healthy Families, las consultas de Chequeo de Salud son GRATIS para todos los niños y jóvenes desde su nacimiento hasta los 21 años de edad. Si su médico encuentra algún problema durante un chequeo, su hijo también recibirá tratamiento gratuito.

Lleve a su hijo para que le hagan un examen físico completo cuando tenga las edades que se listan a continuación:

Bebé/Niño Pequeño		Niño/Adolescente
1 mes	12 meses	Anualmente (uva ves por año) decide los 3 años hasta los 20 años de edad
2 meses	15 meses	
4 meses	18 meses	
6 meses	24 meses	
9 meses	30 meses	

Las consultas de Chequeo de Salud incluyen la aplicación de importantes vacunas GRATUITAS que ayudan a prevenir varias enfermedades graves.

**Organizaciones de Atención Administrada:**

- AmeriHealthDC: 1-800-408-7511
- HSCSN: 1-866-937-4549
- MedStar Family Choice: 1-888-404-3549
- Trusted Health Plan: 1-855-326-4831

Si tiene problemas para obtener servicios, comuníquese con la oficina de Servicios para Miembros de Atención Administrada o con la Oficina del Ombudsman de Ciudadano de la Salud y la Carta de Derechos de DC llamando al 1-877-685-6391.

**Lo que usted debería hacer:**

- Llame y haga una cita para un chequeo con su médico o clínica
- Si necesita transporte para concurrir a las consultas de Chequeo de Salud, llame a su Proveedor de Atención Administrada para hacer los arreglos correspondientes. Si usted no está inscrito en una Organización de Atención Administrada (MCO), llame a la línea de Administración de Médico Transporte al 1-866-796-0601
- Lleve consigo su tarjeta de Medicaid Atención Administrada a cada consulta
- Las mujeres embarazadas o las madres primerizas que no estén inscritas en una Organización de Atención Administrada, tienen que llamar al 1-800-MOM-BABY (1-800-666-2229) para conseguir las referencias para los cuidados prenatales y otros servicios necesarios.
- Para conseguir la tarjeta de Medicaid de su bebé recién nacido llame al asistente social ESA al (202) 724-5506
- Para preguntas sobre cómo inscribirse en una Organización de Atención Administrada (MCO), llame al (202) 639-4030

**El chequeo de su hijo incluirá:**

- Un examen físico completo
- Todas las vacunas necesarias
- Todos los exámenes y análisis necesarios
- Usted dispondrá del tiempo necesario para hacer preguntas sobre la salud y el desarrollo de su hijo y obtener las respuestas correspondientes
- Cualquier tratamiento o servicio que su hijo pueda necesitar

**Servicios de Desarrollo y Comportamiento Gratis**

¿Está preocupado por cómo camina, habla, aprende o se comporta su hijo?

Si tiene alguna preocupación sobre alguno de estos temas, y su hijo tiene:

- Entre 0 y 3 años de edad, llame al 202-727-3665
- Entre 3 y 5 años de edad, llame al 202-698-8037, o visite en Internet [www.earlystagesdc.org](http://www.earlystagesdc.org)
- Más de 5 años de edad, llame a la escuela de su hijo

A través del programa DC Intervención Temprana/Comienzo Fuerte se ofrecen pruebas de desarrollo gratuitas a los niños que viven o que concurren a la escuela en el Distrito de Columbia.

**Servicios de Atención Dental Gratis**

Chequeo de Salud ofrece servicios dentales GRATIS para niños y jóvenes de hasta 21 años de edad. Servicios cubiertos:

- Examen bucal
- Tratamiento dental básico
- Rayos X
- Instrucción sobre higiene dental
- Selladores dentales
- Tratamiento con fluoruro
- Servicios limitados de ortodoncia
- Extracción y empaste de dientes y muelas
- Y mas

Llame a su dentista hoy para programar un examen dental de Chequeo de Salud. Si tiene problemas para hacer la cita, llame a la Línea de Ayuda de Servicios Dentales: 1-866-758-6607

Consultas gratis para recién nacidos hasta los 21 años de edad

Chequeo de **SALUD**  
Departamento de Finanzas para el Cuidado de la Salud del Distrito de Columbia

District of Columbia Department of Health Care Finance (DHCF)

**HealthCHECK**

Free check-ups for kids from birth up to age 21

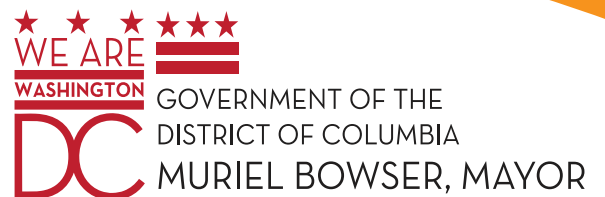


# NO SHOTS, NO SCHOOL!

All students attending DC public, charter, private and parochial schools must have their immunizations updated before the next school year begins.

## LET'S HAVE EVERY CHILD IMMUNIZED AGAIN THIS SCHOOL YEAR!

**Call today  
to ask your child's doctor about  
new shots that may be required.**



# DISTRICT OF COLUMBIA IMMUNIZATION REQUIREMENTS SCHOOL YEAR 2015 - 2016<sup>1</sup>

All students attending school in the District of Columbia must present proof of appropriately spaced immunizations by the first day of school.

A Child 2 years or older entering  
**PRESCHOOL OR  
HEAD START**

- 4 Diphtheria/Tetanus/Pertussis (DTaP)
- 3 Polio
- 1 Varicella (chickenpox) - if no history of disease<sup>2</sup>
- 1 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)<sup>3</sup>
- 4 PCV (Pneumococcal)

A student 4 years old entering  
**PRE-KINDERGARTEN**

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) - if no history of disease<sup>2</sup>
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)<sup>3</sup>
- 4 PCV (Pneumococcal)

A student 5 - 10 years old entering  
**KINDERGARTEN THRU  
FIFTH GRADE**

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) - if no history of disease<sup>2</sup>
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A (if born on or after 01/01/05)

A student 11 years & older entering  
**SIXTH THRU  
TWELFTH GRADE**

- 5 Diphtheria/Tetanus/Pertussis (DTaP/Td)
- 1 Tdap
- 4 Polio
- 2 Varicella (chickenpox) - if no history of disease<sup>2</sup>
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 1 Meningococcal
- 3 Human Papillomavirus Vaccine (HPV) - Students in grades 6 thru 12 or parent may sign approved vaccine refusal form available at [www.doh.dc.gov](http://www.doh.dc.gov)

<sup>1</sup> At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Please check with your child's school nurse or health care provider for details.

<sup>2</sup> All Varicella/chickenpox disease histories MUST be verified/diagnosed by a health care provider (MD, NP, PA, RN) and documentation MUST include the month and year of disease.

<sup>3</sup> The number of doses is determined by brand used.

# HOW TO PROTECT YOUR BABY'S TEETH FROM CAVITIES

## *Did you know that cavities are caused by germs that are passed from adult to child?*

Babies are born without the bacteria that causes caries- the disease that leads to cavities. They get it from spit that is passed from their caregiver's mouth to their own. Caregivers pass on these germs by sharing saliva- by sharing spoons, by testing foods before feeding it to babies, by cleaning off a pacifier in their mouth instead of with water, and through other activities where saliva is shared.

These germs can start the process that causes cavities even before babies have teeth, so it's important to avoid sharing saliva with your baby right from the start. See below for more tips on how to keep your baby- and your baby's teeth- healthy and happy.

## For you:

- Eat healthy foods to reduce the cavity-causing germs in your mouth.
- Brush your teeth with a toothpaste that contains fluoride.
- Do not put anything in your baby's mouth that has been in your mouth including spoons or a toothbrush, do not blow on your baby's food
- Do not use your spit to clean your baby's pacifier - use water instead.
- If you have bleeding gums or cavities, you should visit your dentist as soon as possible.

## For your baby:

- Before your baby's first tooth becomes visible in the mouth, you should wipe the mouth every day with a soft, moist washcloth. As soon as teeth become visible in the mouth, brush the teeth with a small soft bristle toothbrush that contains a pea-sized smear of fluoride-containing toothpaste.
- Encourage your baby to spit out the toothpaste.
- You should brush your child's teeth at least twice each day - once in the morning and once at night. Remember, the most important time to brush your baby's teeth is right before bedtime.
- Talk to your baby's pediatrician or pediatric dentist about the right amount of fluoride for your baby. Ask if your child should be brushing with toothpaste that contains fluoride.
- Avoid giving your baby sticky foods and unhealthy snacks like candy, soda or juice in between meals. Instead, give your baby healthy snacks like cheese, yogurt or fruit. Only give your baby treats or juice at meal times.
- Establish bedtime routines that do not involve using the bottle filled with milk or juice to soothe the baby to sleep. Also avoid having the baby sleep with a bottle filled with milk or juice as the natural sugars in these liquids will get changed to acid, which will rot or decay the teeth and lead to dental infection and pain. Avoid having your baby drink from a sippy cup filled with juice between meals.
- Do not give your baby juice until he is 6 months old. Do not give your baby more than 4-6 ounces of juice per day.
- If you see white spots developing on your baby's teeth, then take your baby to a pediatric dentist right away. A white spot is often the first sign of a dental cavity.
- Schedule your baby's first dental visit with a pediatric dentist when she is one year old. Pediatric dentists have additional training beyond dental school working with babies and young children. Remember - first tooth, first birthday, first dental visit!





**An Ounce of  
Prevention**



**A Pound of  
Cure**



**It's time  
to change the  
conversation.**

**DC  
Campaign  
to Prevent  
Teen Pregnancy®**

## **An Ounce of Prevention: Tips for Health Care**

**DC Campaign to Prevent Teen  
Pregnancy  
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Special thanks to the Compton Foundation, Consumer Health Foundation, and the Eugene and Agnes E. Meyer Foundation who made this publication possible.

DC Campaign to Prevent Teen Pregnancy is a private, non-profit, non-governmental 501(c) (3) organization established in 1999 whose mission is to cut the District of Columbia teen pregnancy rate in half by 2005.

**May 2003**

A big part of getting the health care you need is knowing how to start. Regardless of the type of health care provider you need to see, the same basic steps can be followed so that your visit is as “hassle-free” as possible.

There are many types of health care providers. Their title depends on their training. A health care provider may be a medical doctor, a nurse practitioner, a physician’s assistant, a nurse midwife, a dentist, a social worker, a psychologist, a psychiatrist, a nurse or a medical assistant.

The following tips provide pointers on what you need to know and do to make sure that you get the best possible care. Starting good health care habits now will help you grow into a healthy adult.

**TIP 1: An ounce of prevention is worth a pound of cure.**

This age old saying is very true. Going for preventive health visits, check-ups and immunizations (shots) is the way to beat problems before they have a chance to start. Get in the habit of having physical and dental examinations **EVERY YEAR** to keep things in “*check*.”

**TIP 2: Talk to someone you trust about any physical or mental issues you are experiencing.**

Use family and friends as a resource. Sharing your problems with someone you trust can make it easier to deal with a health problem. Remember, talking about health problems does not take the place of going to the doctor for treatment.

**TIP 3: Be able to describe what is wrong.**

The only way a health care provider can help with a problem is for you to be honest about why you are seeking treatment.

**TIP 4: Medical care is private.**

Everything you tell a health care provider is part of your medical record. All patients have the right to confidentiality except in very specific circumstances.

**TIP 5: When what you say is NOT confidential.**

If there is a chance that you might harm yourself or others, health care providers are required by law to share this information to help protect you.

**TIP 6: Make sure you know what you need to bring with you.**

When making your appointment, ask what you need to bring with you:

- I.D.
- Insurance card
- Referral form and/or
- Method of payment (cash, Medicaid, or private insurance)

*\*Be sure to ask if there are free services or special reduced fees for teenagers.*

### **TIP 7: Choose a doctor that makes you feel comfortable.**

You have the right to see a health care provider that makes you feel comfortable. For example, if you are more comfortable with a female provider, then you should ask for what you want when you make your appointment.

### **TIP 8: Know your personal history.**

Your personal medical history gives the health care provider information about your past medical problems, conditions, treatments, and medications. Be sure to get the dates that you had any childhood illnesses like the measles, mumps, or chickenpox and the dates that you got your shots. Knowing this information will help the health care provider to help you. The more you know the better.

### **TIP 9: Know your family's medical history.**

Ask your parent/guardian, grandparents, and siblings about their health history, including any problems or conditions that they have experienced.

Your family's medical history is an important part of your own medical history. It will tell you what diseases or conditions may run in your family such as high blood pressure, obesity, diabetes, heart problems, and some cancers.

### **TIP 10: Write your medical information down.**

Don't try to remember everything. It is a good idea to write down all the information that you gather, names of conditions/problems, dates, treatment, how long it lasted, and the outcome. Take it with you to each **new** medical visit. Once the information becomes part of your medical record, the doctor will have it for future reference.

### **TIP 11: The doctor may ask you a variety of questions during your visit.**

You may feel surprised, embarrassed, or insulted if your doctor asks if you are or have been sexually active, have ever been pregnant, ever had a sexually transmitted disease, or if you drink or smoke. Answer these questions honestly. This information will help the doctor to make recommendations to help you stay healthy.

### **Tip 12: You have the right to ask questions.**

You have the right to ask questions during your visit. Make sure your doctor explains everything to you in a way that you can understand.

### **Tip 13: A special note for teen parents.**

It is very important that you know what conditions and health problems run in both sides of your child's family. This is part of your child's medical history.

**Tip 14: Before you leave the appointment make sure you know:**

- The diagnosis or what is wrong (*the name and spelling*)
- The name of any medication prescribed and if there are any side effects\*
- Specific directions on how to take the medication
- Any other instructions for treatment and
- If any follow-up visits are necessary

*\*Side effects are bad reactions*

**Tip 15: If you are experiencing any problems after your visit, call your health care provider right away.**

**Tip 16: Be aware when using the Internet to get health information.**

The Internet can be a good source for health information, but it does not take the place of going to a health care provider.

The following list includes clinics, medical providers, some of which offer free or low-cost services for teens; other sources for information; web addresses; and hotline numbers.

**\*Bread for the City**

**(202) 332-0440**

1525 7<sup>th</sup> St, NW

Washington, DC 20001

(Uninsured DC residents only)

**\*Children's National Medical Center**

**Adolescent Health Center**

**(202) 884-2115**

111 Michigan Ave, NW, First Floor

Washington, DC 20010

**\*Children's National Medical Center Children's Health Project of DC**

**Mobile Health Van**

**(202) 884-3033**

For locations and to make an appointment call

*Services from birth to age 21*

**\*Children's Hospital Center at Good Hope Road**

**(202) 884-6900**

2501 Good Hope Road, SE

Washington, DC 20020

**Georgetown Medical Center Pediatrics Clinic**

**(202) 687-8745**

3800 Reservoir Road, NW

Washington, DC 20007

Up to age 20

**Georgetown University Hospital/MedStar Health**

**KIDS Mobile Medical Clinic**

**(202) 784-0075**

2PHC 3800 Reservoir Road, N.W.

Washington, DC 20007

**\*Howard University Pediatrics Clinic**

**(202) 865-3028**

Howard University Hospital

Washington, DC

Up to age 18

**\*La Clinica del Pueblo**

**(202) 462-4788**

1470 Irving St, NW

Washington, DC 20010

**\*Mary's Center for Maternal and Child Care**

**(202) 483-8196**

2333 Ontario Rd, NW  
Washington, DC 20010

**\*Planned Parenthood of Metropolitan Washington, DC**

**Marjorie Schumacher Center**

**(202) 347-8512**

1108 16<sup>th</sup> St, NW  
Washington, DC 20036

**Ophelia Egypt Center**

**(202) 388-4775**

3937-A Minnesota Ave, NE  
Washington, DC 20019

**\*Unity Health Care**

**Anacostia Community Health Center**

**(202) 610-7160**

1328 W St, SE  
Washington, DC 20020

**Bethlehem Family Health Clinic**

**(202) 610-3880**

2041 MLK, Jr., Ave, SE  
Washington, DC 20019

**Congress Heights Clinic**

**(202) 279-1800**

3720 MLK, Jr., Ave, SE  
Washington, DC 20032

**East of the River Health Center**

**(202) 388-7890**

123 45<sup>th</sup> St, NE  
Washington, DC 20019

**Hunt Place Community Health Center**

**(202) 388-8160**

4130 Hunt Place, NE  
Washington, DC 20019

**Upper Cardozo Health Center**

**(202) 745-4300**

3020 14<sup>th</sup> St, NW  
Washington, DC 20009

**Woodland Terrace Family Health Clinic**

2702 ½ Langston St, SE  
Washington, DC 20020  
(202) 678-0126

**\*Washington Free Clinic**

1525 Newton St, NW  
Washington, DC 20010  
(202) 667-1106

**\*Washington Hospital Center**

OB/GYN Clinic (Females Only)  
110 Irving St, NW  
Washington, DC 20010  
(202) 877-7541

**Additional services for pregnant and parenting teens.**

**Children's National Medical Center**

**Generations Program**

**(202) 884-5798**

111 Michigan Avenue, NW  
Washington, DC 20010

**Mazique Parent Child Center**

**Teen Mothers Take Charge**

**(202) 462-3375**

1719 13th Street, NW  
Washington, DC 20009

**Washington Hospital Center**

**TAPP Program**

**(202) 877-0727**

110 Irving Street, NW  
Washington, DC 20010

## School-Based Health Center Sites

*\*\*Services are limited to students currently enrolled at each school\*\**

### **Ballou Senior High School Health Center**

**(202) 645-3366**

3401 4<sup>th</sup> St, SE

Washington, DC 20032

### **Eastern High School Unity Healthcare Clinic**

**(202) 543-6017**

1700 E. Capitol St, NE

Washington, DC 20003

### **Woodson Adolescent Wellness Center**

**(202) 724-3620**

5500 Eads St, NE

Washington, DC 20019

## For More Information...

### **Alateen**

McKendree-Simms-Brookland United Methodist Church

**(202) 882-1334**

2421 Lawrence Street, NW

Washington, DC 20018

### **Asian American LEAD**

**(202) 884-0322**

3045 15<sup>th</sup> St, NW

Washington, DC 20010

### **Catholic Charities Teen Life Choices**

**(202) 581-9040**

4914 Ayers Place, SE

Washington, DC 20019

### **Child and Family Services Abuse and Neglect Hotline**

**(202) 671-SAFE**

### **DC Department of Mental Health**

**Crisis Hot Line**

**(202) 561-7000**

### **DC Rape Crisis Center**

**(202) 232-0789**

**24-Hour Hotline**

**(202) 333-RAPE (7273)**

**Department of Justice  
Victim Witness Assistance Unit  
(202) 514-7130**  
US Attorney's Office  
Judiciary Center Building  
555 4<sup>th</sup> Street, NW  
Washington, DC 20001

**Emergency Contraception  
EC Hotline  
1-888-NOT-2-LATE**

**Latin American Youth Center  
(202) 319-2225**  
1419 Columbia Road, NW  
Washington, DC 20009

**Metro Teen AIDS  
(202) 543-9355**  
651 Pennsylvania Ave, SE  
Washington, DC 20003

**Nat'l Spanish Hotline for AIDS & STDs  
(800) 344-SIDA**

**Sasha Bruce Hotline  
(202) 547-7777**

**Sasha Bruce Youthworks  
(202) 675-9340**  
741 8<sup>th</sup> St, SE  
Washington, DC 20003

**Spanish Info Line  
(Whitman-Walker)  
(202) 328-0697**

## **Emergency Contraception Providers**

**Bette L. Catoe, M.D.**  
**(202) 882-3363**  
**(202) 882-KIDS**  
5505-5<sup>th</sup> Street, NW #401  
Washington, DC 20011  
*(Services restricted to established patients or adolescents with insurance)*

**Suresh C. Goyal, M.D.**

**(202) 562-4100**

1328 Southern Avenue, SE, Suite 316  
Washington, DC 20032  
(Services for ages 21 and under)

**E. James Lieberman, M.D.**

**(202) 362-3963**

The Family Institute  
3900 North Hampton Street, NW  
Washington, DC 20015

**Community of Hope Health Service**

**(202) 232-9022**

1417 Belmont Street, NW  
Washington, DC 20009

**George Washington Student Health Services (202) 994-6827**

2150 Pennsylvania Avenue, N.W.  
Washington, DC 20037  
(Services restricted GW to students only)

**Kaiser Permanente**

**(202) 359-7878**

(Services restricted to HMO members)

**Walter Reed Army Medical Center**

**(202) 782-6114**

(Services restricted to eligible military families)

**Pharmacies That Carry Emergency Contraception**

**Center Pharmacy**

**(202) 363-9240**

4900 Massachusetts Avenue, NW  
Washington, DC 20016

**Columbia Heights Professional Pharmacy**

**(202) 232-1455**

3316 14<sup>th</sup> Street, NW

**Grubbs Pharmacy**

**(202) 543-4400**

326 East Capital Street, NE  
Washington, DC 20003

**Huron Pharmacy**  
**(202) 399-7877**  
1647 Benning Road NE  
Washington, DC 20002

**Morgan Pharmacy**  
**(202) 337-4100**  
3001 P Street, NW  
Washington, DC 20007

**Morton's Care Pharmacy**  
**(202) 543-1616**  
720 East Capitol Street, NE  
Washington, DC 20003

**Neighborhood Pharmacy**  
**(202) 889-1119**  
1932 Martin Luther King, Jr., Avenue, SE  
Washington, DC 20020

**New Hampshire Pharmacy**  
**(202) 726-3100**  
5001 New Hampshire Avenue, NW  
Washington, DC 20011

**Phamily Pharmacy**  
**(202) 722-0171**  
6323 Georgia Avenue, NW  
Washington, DC 20011

**Physician's Office Building Pharmacy****(202) 877-6309**  
106 Irving Street, NE  
Washington, DC 20010

**Seat Pleasant Drug**  
**(202) 396-3400**  
350 Eastern Avenue, NE  
Washington, DC 20019

**Tschiffely Pharmacies**  
**(202) 466-8440**  
1145 19th Street, NW  
Washington, DC 20036

**(202) 331-7176**  
1330 Connecticut Avenue, NW  
Washington, DC 20036

**(202) 408-5178**

50 Massachusetts Avenue, NE (Union Station)  
Washington, DC 20002

## Web Resources

EC products are also available at Giant Food, Safeway, Rite Aid, and CVS pharmacies. Be sure to call your neighborhood pharmacy for availability.

Advocates for Youth Teen Scene

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

*Youth Resource, Ambiente Joven, Sistahs, Youth HIV, Youth Shakers*

Alateen

[www.al-anon.org](http://www.al-anon.org)

Emergency Contraception

[www.not-2-late.com](http://www.not-2-late.com)

Go Ask Alice!

[www.goaskalice.columbia.edu](http://www.goaskalice.columbia.edu)

It's Your Sex Life

[www.itsyoursexlife.com](http://www.itsyoursexlife.com)

I Wanna Know

[www.iwannaknow.org](http://www.iwannaknow.org)

Planned Parenthood Teen Wire

[www.teenwire.com](http://www.teenwire.com)

Scarleteen

[www.scarleteen.com](http://www.scarleteen.com)

Seventeen

[www.seventeen.com](http://www.seventeen.com)

*Sex & Body*

Sex Etc.

[www.sxetc.org](http://www.sxetc.org)

Sexual Minority Youth

[www.smyal.org](http://www.smyal.org)

Assistance League (SMYAL)

\* Emergency Contraception Providers

# Home and Hospital Instruction Program

Program Manager: (202) 939-3506

<http://dcps.dc.gov/service/home-and-hospital-instruction>

DCPS' Home/Hospital Instruction Program (HIP), formerly known as the Visiting Instruction Services (VIS) program, provides instruction and support to students whose education has been disrupted by physical disability and/or health impairment, including pregnancy and post-partum recovery, that results in confinement to their homes and/or hospitals for three weeks or more. The service must be requested by the student's school and certified by the student's physician. The goal of the program is to allow students to receive a continuous, individualized education program closely related to that of the student's local school. Necessary forms and contact information for the program manager, coordinators, and lead teacher can be found on the website.



# Know Your Rights

## As a pregnant or parenting student, I:

- have the **RIGHT** to not be discriminated against, under any circumstances
- am **ALLOWED** to have an excused absence from school when my doctor says it's necessary
- am **GUARANTEED** the time to make up any school work missed for excused absences
- am **ALLOWED** to have an excused absence from school if my child is sick and my child's doctor gives me a note.
- should be **PROVIDED** reasonable accommodations, like having extra time to get to class or bathroom passes as necessary
- am **ALLOWED** to participate in any school, extracurricular, or athletic activity

## What should I do if I am not being guaranteed these rights?

- Talk to your teacher or principal! Inform them that you are not getting all of these rights.
- Contact DCPS' Central Office at 202-442-5885 and ask for the Title IX Coordinator! The Coordinator will help make sure you are being guaranteed these rights. Also, find out if your school has the **New Heights Teen Parents Program**.

# TITLE IX

## FACT SHEET

# Pregnant and Parenting Students' Rights

June 2012

*Title IX says that schools must give all students who might be, are or have been pregnant (whether the student is a parent or not) the same access to school programs and extracurricular activities that other students have. Some states have their own laws that provide other protections, or even support services, for students. You should talk to a lawyer, or find other legal counsel, to find out what your state provides.*

## Title IX Basic Rights

- **You must have equal access to school and activities, and special services provided for temporarily disabled students must also be provided for pregnant students.**
- **If the school has a separate program or school for students who are pregnant or parents, it is your choice whether to attend. You are not required to do so. Also, these programs must give you the same opportunities that other students get. This means the classes and the activities offered, must be equal to what you would get at your regular school.**
- **Your school must excuse your absence due to pregnancy or childbirth for as long as your doctor says it is necessary.**
- **You do not have to turn in a doctor's note to continue going to school or doing activities unless all students must do so.**

## School Activities

- You are allowed to go to school and participate in activities for as long as you want. The school cannot stop you from joining in, and the school cannot ask for a doctor's note, unless the school has the same rules for all students who have a medical condition that requires treatment by a doctor.

## Classes

- The school cannot make you go to any separate program for pregnant or parenting students. If you do choose to go to a separate program, the coursework and activities must be just as good as the opportunities you would have in your regular school.
- If a teacher does not want you in his or her class because you are pregnant, talk to your guidance counselor or principal. According to the law, you must be allowed in class if you want to be there. We encourage you to stick with it so you can graduate and reach your goals!
- Title IX requires that schools provide pregnant students with any special services they provide to temporarily disabled students. If temporarily disabled students get at-home tutoring to help them keep up with work, so must students who miss school because of pregnancy or childbirth.

## Excused absences

- Your school must excuse your absences for as long as your doctor says it is necessary for you to be absent, and your school must let you make up the work you missed while you were out.

## Remember:

Schools must at least prevent discrimination against pregnant and parenting students, but schools can – and should – do more to support these students so they succeed in school. For more info, please contact the National Women's Law Center at [info@nwlc.org](mailto:info@nwlc.org), or go to [www.nwlc.org/pregnantstudents](http://www.nwlc.org/pregnantstudents).



U.S. DEPARTMENT OF EDUCATION

# Supporting the Academic Success of Pregnant and Parenting Students

Under *Title IX* of the  
Education Amendments of 1972

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**Supporting the Academic  
Success of Pregnant and  
Parenting Students**

**Under *Title IX* of the Education  
Amendments of 1972**

**U.S. Department of Education**  
Office for Civil Rights

June 2013

## **U. S. Department of Education**

Arne Duncan  
*Secretary*

### **Office for Civil Rights**

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*Acting Assistant Secretary*

First published in July 1991. Revised June 2013.

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This publication is available on the Department's Office for Civil Rights website at <http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf>. Any updates to this publication will be available at this site.

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### **Content Contact:**

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# Introduction

The Office for Civil Rights (OCR) in the U.S. Department of Education (ED) is responsible for enforcing laws prohibiting discrimination in federally assisted educational programs and activities. These laws include *Title IX* of the Education Amendments of 1972 (*Title IX*), which prohibits discrimination based on sex in education programs or activities. All public and private educational institutions that receive any federal financial assistance (“schools”) must comply with this law. (Note, however, that an educational institution that is controlled by a religious organization is exempt from *Title IX* when the law’s requirements would conflict with the organization’s religious tenets.<sup>1</sup>) *Title IX* protects students in all of the academic, educational, extracurricular, athletic, and other programs or activities of schools. This includes prohibiting discrimination against pregnant and parenting students.

President Obama has set the ambitious goal that by 2020 the United States will lead the world in the proportion of persons who graduate from college.<sup>2</sup> In order to achieve this goal, we must support every student in completing high school, so he or she is ready for college or a career. To this end, it is imperative that we all work to ensure that pregnant and parenting students are not discriminated against as they strive to stay in school. With our help, young parents can graduate from high school ready for further success, instead of dropping out of school as a result of practices that make it difficult for them to succeed. OCR is committed to helping achieve this goal.

This pamphlet has been prepared for secondary school administrators, teachers, counselors, parents, and students.<sup>3</sup> The first section provides background on school retention problems associated with pregnant and parenting students.

The next two sections, “*Title IX* Requirements Regarding Pregnant and Parenting Students” and “Frequently Asked Questions Pertaining to *Title IX* Requirements Regarding Pregnant and Parenting Students,” provide information on the law’s specific requirements regarding pregnancy and parenthood. The final two sections, “Strategies to Assist Educators in Supporting Pregnant and Parenting Students” and “Programs Designed to Support Pregnant and Parenting Students,” include strategies that educators can use and programs that schools can develop to address the educational needs of students who become pregnant or have children. These strategies and programs have been implemented by some school districts to address those needs while complying with *Title IX*. They are recommendations and are not legally mandated by *Title IX* or its regulations.

Although this pamphlet focuses on secondary schools, the underlying legal principles apply to all recipients of federal financial assistance, including postsecondary institutions.

## Effect of Pregnancy and Parenthood on the Dropout Rate

**A**s of October 2009, approximately 3 million 16-through 24-year-olds living in the United States were not enrolled in high school and had not earned a high school diploma or alternative credential.<sup>4</sup> Students give a range of reasons for dropping out of high school, both school- and family-related.<sup>5</sup> Pregnancy is consistently the most common family-related reason given by female students.<sup>6</sup> According to the Centers for Disease Control and Prevention, more than 329,000 young women ages 15 to 19 years in the United States were reported to have given birth in 2011.<sup>7</sup> Data collected by the National Center for Education Statistics in spring 2004 show that 27.8 percent of the female students who were high school sophomores in 2002 and subsequently dropped out did so due to pregnancy.<sup>8</sup> Similarly, a 2006 report found that, of 467 survey respondents ages 16 through 25 who had dropped out of public high schools in 25 different locations across the country, 26 percent of young men and young women combined — and one-third of young women — said that becoming a parent was a major factor in their decision to leave school.<sup>9</sup> Many of these young people reported that, before they became parents, they had been doing reasonably well in school; they also had a strong belief that they could have graduated had they stayed in school.<sup>10</sup> And according to the National Longitudinal Survey of Youth, only 51 percent of young mothers surveyed in 2007–08 who had children before age 20 earned their high school diplomas by age 22, while 89 percent of their peers who did not have children as teenagers earned their diplomas by that age.<sup>11</sup>

The economic and career prospects for students who drop out of school are limited. In 2010 adult women without a high school diploma earned on average only a little more than \$17,000 for the year — approximately \$8,000 less annually than women with a high school diploma.<sup>12</sup> A 2007 report found that having a high school diploma lowered the probability of needing benefits from Temporary Assistance for Needy Families by 40 percent and from food stamps by 19 percent.<sup>13</sup> And a 2006 report found only about 2 percent of mothers who had a baby before age 18 obtained a college degree by age 30.<sup>14</sup>

Before Congress passed *Title IX* in 1972, students who became pregnant or had children were often treated poorly and sometimes were dismissed from high school. Since the passage of *Title IX*, sex discrimination — including discrimination on the basis of pregnancy, childbirth, and parental status has been prohibited. Encouraging pregnant and parenting students to stay in school will have a positive effect on their lives and their children’s lives. The nation as a whole will benefit from having a generation of young adults who are better educated and more economically self-sufficient.

# **Title IX Requirements Regarding Pregnant and Parenting Students**

*Title IX* provides that:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

ED's regulation implementing *Title IX* specifically prohibits discrimination against a student based on pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions.<sup>15</sup> The *Title IX* regulation also prohibits a school from applying any rule related to a student's parental, family, or marital status that treats students differently based on their sex.<sup>16</sup>

Under *Title IX*, it is illegal for schools to exclude a pregnant student from participating in any part of an educational program.<sup>17</sup> This prohibition applies to specific classes such as advanced placement or honors classes, extracurricular programs, interscholastic sports, honor societies, and opportunities for student leadership, among other activities. Schools may implement special instructional programs or classes for a pregnant student, but participation must be completely voluntary on the part of the student, and the programs and classes must be comparable to those offered to other students.<sup>18</sup>

In addition, a school must excuse a student's absences because of pregnancy or childbirth for as long as the student's doctor deems the absences medically necessary. When a student returns to school, she must be allowed to return to the same academic and extracurricular status as before her medical leave began.<sup>19</sup>

Any special services provided to students who have temporary medical conditions must also be provided to a pregnant student.<sup>20</sup> Therefore, if a school provides special services, such as homebound instruction or tutoring, for students who miss school because they have a temporary medical condition, it must do the same for a student who misses school because of pregnancy or childbirth.<sup>21</sup>

A school may require a pregnant student or student who has given birth to submit medical certification for school participation only if the school also requires such certification from all students with physical or emotional conditions requiring the attention of a physician.<sup>22</sup> Thus, for example, a student who has been hospitalized for childbirth must not be required to submit a medical certificate to return to school if a certificate is not required of students who have been hospitalized for other conditions.

# Frequently Asked Questions Pertaining to *Title IX* Requirements Regarding Pregnant and Parenting Students

**May a school require a pregnant student to participate in a separate program for pregnant students?**

No. Any such requirement would violate *Title IX*. A school may offer separate programs or schools for a pregnant student, but participation in those programs or schools must be completely voluntary.<sup>23</sup> A school may provide information to its students about the availability of an alternative program, but it may not pressure a pregnant student to attend that program. A pregnant student must be allowed to remain in her regular classes and school if she so chooses.

If a school offers a voluntary alternative program, that program must provide academic, extracurricular, and enrichment opportunities comparable to those provided to the students in the regular school program.<sup>24</sup> Although an alternative program need not be identical to the regular school program in the specific courses or range of courses, if it provides only vocational-track courses, with no opportunity for advanced academic or college-preparatory classes, it would not be considered comparable. It is critical to provide clear information about what courses are available, how credits are transferred between the regular program and alternative program, and how the student can meet graduation requirements. This helps ensure that any separate programs offered to a pregnant student are both voluntary and comparable to the regular program.

## May a school require a pregnant student to obtain a doctor's permission before allowing her to attend school late in her pregnancy if the school is worried about the student's health or safety?

Schools cannot require a pregnant student to produce a doctor's note in order to stay in school or participate in activities, including interscholastic sports, unless the same requirement to obtain a doctor's note applies to all students being treated by a doctor.<sup>25</sup> That is, schools cannot treat a pregnant student differently from other students being cared for by a doctor, even when a student is in the later stages of pregnancy; schools should not presume that a pregnant student is unable to attend school or participate in school activities.

## Can harassing a student because of pregnancy violate *Title IX*?

Yes. *Title IX* prohibits harassment of students based on sex, including harassment because of pregnancy or related conditions. Harassing conduct can take many forms, including verbal acts and name-calling, graphic and written statements, and other conduct that may be humiliating or physically threatening or harmful. Particular actions that could constitute prohibited harassment include making sexual comments or jokes about a student's pregnancy, calling a pregnant student sexually charged names, spreading rumors about her sexual activity, and making sexual propositions or gestures. Schools must take prompt and effective steps reasonably calculated to end pregnancy-related harassment, prevent its recurrence, and eliminate any hostile environment created by the harassment. The school violates *Title IX* if sexual harassment or other pregnancy-related harassment by employees, students, or third parties is sufficiently serious that it interferes with

a student's ability to benefit from or participate in the school's program,<sup>26</sup> and the harassment is encouraged, tolerated, not adequately addressed, or ignored by school employees.

### **What types of assistance must a school provide to a pregnant student at school?**

To ensure a pregnant student's access to its educational program, when necessary, a school must make adjustments to the regular program that are reasonable and responsive to the student's temporary pregnancy status. For example, a school might be required to provide a larger desk, allow frequent trips to the bathroom, or permit temporary access to elevators.<sup>27</sup>

### **In addition to allowing a pregnant student to attend classes, does a school need to allow her to participate in school clubs, class activities, interscholastic sports, and other school-sponsored organizations?**

Yes. *Title IX* prohibits a school from excluding a pregnant student from any part of its educational program, including all extracurricular activities, such as school clubs, academic societies, honors programs, homecoming court, or interscholastic sports.<sup>28</sup> A pregnant student must also be eligible to hold leadership positions in these activities. In addition, a pregnant student may not be excluded from an activity that is part of the school's educational program even if the activity is not operated directly by the school.<sup>29</sup> For example, an after-school program run by a local nonprofit agency that rents the school's facilities at a reduced rate and is advertised and promoted by the school may not exclude a pregnant student from enrolling.

## Does a school have to excuse a student's absences due to pregnancy or childbirth?

Yes. *Title IX* requires a school to excuse a student's absences due to pregnancy or related conditions, including recovery from childbirth, for as long as the student's doctor deems the absences to be medically necessary.<sup>30</sup> When the student returns to school, she must be reinstated to the status she held when the leave began, which should include giving her the opportunity to make up any work missed. A school may offer the student alternatives to making up missed work, such as retaking a semester, taking part in an online course credit recovery program, or allowing the student additional time in a program to continue at the same pace and finish at a later date, especially after longer periods of leave. The student should be allowed to choose how to make up the work.

If the school requires students with other medical conditions to submit a doctor's note, it may require the same from a pregnant student.<sup>31</sup>

## Does a school need to provide special services to a pregnant student?

*Title IX* requires a school to provide the same special services to a pregnant student that it provides to students with temporary medical conditions.<sup>32</sup> For example, if a school provides at-home instruction or tutoring to students who miss school because of temporary medical conditions, it must do the same for a student who misses school because of pregnancy or childbirth.

## **What if some teachers at a school have their own policies about class attendance and make-up work?**

Every school that receives federal financial assistance is bound by *Title IX*.<sup>33</sup> Schools must ensure that the policies and practices of individual teachers do not discriminate against pregnant students. For example, a teacher may not refuse to allow a student to submit work after a deadline that she missed because of absences due to pregnancy or childbirth. Additionally, if a teacher's grading is based in part on class attendance or participation, the student should be allowed to earn the credits she missed so that she can be reinstated to the status she had before the leave. Schools should ensure that their teachers and staff are aware of and follow *Title IX* requirements.

## **What procedures must a school district have in place related to discrimination on the basis of sex, including discrimination related to pregnancy and parental status?<sup>34</sup>**

School districts must adopt and publish grievance procedures for students to file complaints of sex discrimination, including discrimination related to pregnancy or parental status.<sup>35</sup> The grievance process should provide a mechanism for school districts to investigate and evaluate complaints and must provide for prompt and equitable resolution of complaints. School districts should make sure that their grievance procedures are widely distributed and understandable by students, parents, and employees.

A school district must also designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under the law.<sup>36</sup> The coordinator's responsibilities include overseeing all *Title IX* complaints, including those alleging discrimination against pregnant and parenting students, and identifying and addressing any patterns or systemic problems that arise during the review of such complaints. The *Title IX* coordinator must have adequate training in *Title IX* requirements and must be able to explain the operation of the district's grievance procedures. A school district must notify all students and employees of the name, office address, and telephone number of its *Title IX* coordinator(s).

In addition, a school district must publish a notice that it does not discriminate on the basis of sex in its educational programs or activities.<sup>37</sup> The notice must also state that inquiries concerning the application of *Title IX* and its implementing regulations may be referred to the *Title IX* coordinator or to OCR. The notice must be displayed prominently in each announcement, bulletin, catalog, or application form used in connection with the recruitment of students or employees.<sup>38</sup> *Title IX* does not require a school district to adopt a policy specifically prohibiting discrimination against pregnant or parenting students, but OCR recommends that a school district's nondiscrimination policy makes clear that prohibited sex discrimination covers discrimination against pregnant and parenting students.

## How do I enforce my rights under *Title IX*?

If you wish to file a complaint of discrimination with OCR, you may use the online complaint form available at <http://www.ed.gov/ocr/complaintintro.html>. If filing your complaint online, you will need to provide an original signature by mail, which may be done by printing and mailing the consent form linked at the bottom of the online complaint form.

Alternatively, you may send a letter to the OCR enforcement office responsible for the state in which the school is located. To find out which enforcement office is responsible for your state and to get contact information for it, call 1-800-421-3481, or check OCR's website at <http://wdcrocolp01.ed.gov/CFAPPS/OCR/contactus.cfm>. In your letter, you should provide us with the name of the school or school district you are complaining about, the name of the person who has been discriminated against, a description of the events or actions that you believe constitute discrimination, and the date(s) on which the events or actions occurred. You should sign and date your letter and provide your contact information so we can reach you by phone, letter, and email.

The complaint must be filed with OCR within 180 days from the date of the incident that is the basis of your complaint, although there may be limited exceptions that would allow additional time. You are not required to use a school district's grievance procedures before filing a complaint with OCR. Note that it is unlawful for a school to retaliate against an individual for bringing concerns about the rights of a pregnant and parenting student to a school's attention, making a complaint to OCR, or otherwise participating in an OCR investigation or proceeding.

You also may have the right to file suit in court claiming that a school violated *Title IX*. You need not file a complaint with OCR before filing a suit in court. If you file a suit in court, OCR will close any complaint you filed with OCR that involves the same allegations against the same school. OCR cannot represent you in court. Thus, if you wish to file a court action, you must do so through your own attorney or on your own through the court's clerk's office. You may re-file your complaint with OCR within 60 days following the termination of the court proceeding if there was no decision on the merits or settlement of your complaint allegations.

# Strategies to Assist Educators in Supporting Pregnant and Parenting Students

Going beyond their basic legal obligations under *Title IX*, administrators, teachers, and school counselors often seek ways to best help pregnant and parenting students to continue their education and maintain their academic progress. Schools can provide direction in coordinating the education, child care, and health care needed by pregnant and parenting students. Schools can also provide leadership in combating the myths surrounding pregnancy and parenting. Listed below are approaches implemented by some secondary schools to address the educational issues associated with pregnant and parenting students. These are examples of possible strategies; unless otherwise stated, they are not legally mandated by *Title IX* or its regulations. They are provided to assist educators in developing effective approaches to addressing these issues in their schools.

## Administrators

- Contact other school administrators to learn about effective approaches that they have implemented to address the needs of pregnant and parenting students.
- Develop policies and procedures to address the needs of pregnant and parenting students. If your school district does not already provide services such as at-home instruction for students who have temporary medical conditions, consider implementing policies to do so and remember that if homebound instruction is made available to students with temporary medical conditions, it must also be provided to pregnant students. Allowing pregnant students to receive such support services could encourage them to remain in school. Additionally,

consider allowing excused absences for parenting students (both male and female) who need to take their children to doctors' appointments or to take care of their sick children. By treating the absences as excused, you give these students the opportunity to make up the work they missed without being penalized, and you prevent them from falling behind.

- Prepare guidance materials to assist teachers, school nurses, counselors, and other staff in responding to the needs of pregnant and parenting students so they can stay in school. Be mindful of issues facing male students who are parenting and opportunities to reach out to them.
- Have the school district's attorney, *Title IX* coordinator, or another knowledgeable person provide workshops for administrators, teachers, and other school staff on federal, state, and local laws related to the provision of services to pregnant and parenting students.
- Have the *Title IX* coordinator provide training to students to ensure that they know that *Title IX* prohibits discrimination against pregnant and parenting students.
- Follow up to determine the reason behind any student's decision to leave school before graduation. Collect and analyze this information to see how pregnancy and parenthood affect your district's dropout rate, and how those issues can be addressed or resolved.
- Consider asking pregnant and parenting students to share their views on ways that the school district can help them stay in school.
- Designate a private room for young mothers to breastfeed, pump milk, or address other needs related to breastfeeding during the school day.

- Establish policies expressing a commitment to the equal treatment of all students, regardless of their pregnancy or parenting status.
- Consider allowing pregnant or parenting students to engage in online course work to complete high school courses at home during an excused leave of absence.

## Teachers

- As required by *Title IX*, assist pregnant and parenting students who have excused absences by providing them with make-up assignments and exams. As long as the absences are excused, schools should allow pregnant students to make up the work that they missed.
- Encourage pregnant and parenting students to seek the assistance of school counselors who can provide the support needed to help the students remain in school.
- Contact pregnant and parenting students who have dropped out of school and encourage them to return.
- Request to participate in workshops, or to hear from speakers who can share information, on how to provide support to pregnant and parenting students, including addressing the challenges that they may face trying to juggle work, complete school, and care for their children.

## Counselors

- Recognize that pregnant and parenting students are more likely to drop out of school than are other students. Advise them of the importance of staying in school. Let them know of any school assistance that may be available to them for this purpose.

- Work with pregnant and parenting students individually and come up with a graduation plan tailored to each student's needs. This plan may include an academic credit-recovery component for pregnant and parenting students who have fallen behind.
- Contact pregnant and parenting students who have dropped out of school to see if you can offer them advice and encouragement to return.
- Whenever possible, conduct follow-up counseling with pregnant and parenting students after they drop out of school, providing them information about programs, services, and support that will help them return to school.
- Encourage the establishment of school policies and programs for pregnant and parenting students, particularly those at high risk of dropping out of school. Take a leadership role in determining what policies and programs can address students' various needs.
- Set up support groups to help pregnant and parenting students stay in school.
- Advise librarians, teachers, and pregnant and parenting students of books and materials that may be useful for keeping their education on track.
- Advise pregnant and parenting students of the availability of programs and services to help them stay in school and maintain their educational progress.
- Provide parents with information regarding the availability of programs and services that help all students stay in school and maintain their educational progress regardless of pregnancy or parenthood.

# Programs Designed to Support Pregnant and Parenting Students

While not required by *Title IX*, some school districts have established programs to help pregnant and parenting students stay in school, graduate, and acquire the skills needed for parenting. Schools can provide leadership in coordinating the education, health care, counseling, and child care needed by pregnant and parenting students. These programs can provide these students with peer support and encouragement to help prevent the feelings of isolation that they may experience. These programs also can reduce the dropout rate, provide comprehensive prenatal care, and improve the health of student parents and their children.

Programs such as those described below can supplement pregnant and parenting students' regular academic course work. This is not an exhaustive list of suggested programs and may not be applicable to every specific setting in a particular school. The programs discussed in this section are provided only as examples and are not legally mandated by *Title IX*.

## Prenatal, Parenting, and Life Skills Programs

Pregnant students may need prenatal programs to learn about nutrition, exercise, and caring for themselves while pregnant. Some schools have developed courses for credit, special classes during free periods, and after-school prenatal care programs. Schools can assist students in accessing such programs provided by other entities, such as community-based nonprofits, and can even offer course credits to students who take part in such programs.

Prenatal care programs may include not only pregnant students but also their partners, who can give invaluable support during pregnancy and after birth. Other programs may provide information and training in parenting skills and child development, including courses in child health and infant stimulation. Some of these programs include school nurseries, where students gain practical experience diapering, feeding, and bathing infants. Schools may also provide life-skills courses to teach pregnant and parenting students (both young men and young women) lessons on time management, including balancing schoolwork and parenting, and handling finances, so that they can continue and complete school. These programs also help prepare pregnant and parenting students for the challenges posed by higher education and work, such as by providing job-readiness training and mentoring services. They also may facilitate access for pregnant and parenting students to many health and social service programs.

## **Child Care and Early Learning Programs**

These programs help keep parenting students in school by offering child care and early childhood education. They also enhance parenting skills and may provide transportation for students and their children. Even schools that cannot house a child care center can help pregnant and parenting students locate and secure high-quality, affordable early learning programs and services and connect parenting students with available resources in the community.

## Dropout Prevention Programs

These programs identify students at a higher risk of dropping out, contact them, and encourage them to remain in or return to school. The programs can provide flexible academic options for pregnant and parenting students, so that they do not fall too far behind in earning credits towards graduation. They may also include an academic credit recovery component to help students who have already fallen far behind get back on track.

To obtain additional assistance, contact the OCR regional office responsible for the state in which the school is located. To find contact information for that office, call 1-800-421-3481 or 1-800-877-8339 (TDD) or check OCR's website at <http://www.ed.gov/ocr>.



## Endnotes

<sup>1</sup> *Title IX* does not “apply to an educational institution which is controlled by a religious organization if the application of this subsection would not be consistent with the religious tenets of such organization.” 20 U.S.C. § 1681(a)(3). *See also* 34 C.F.R. § 106.12(a). For application of this provision to a specific institution, please contact the appropriate OCR regional office.

<sup>2</sup> <http://www.whitehouse.gov/issues/education/higher-education>.

<sup>3</sup> This pamphlet replaces the pamphlet entitled *Teenage Pregnancy and Parenthood Issues Under Title IX of the Education Amendments of 1972* issued by the Office for Civil Rights in 1991.

<sup>4</sup> The 3 million 16- through 24-year-olds referred to are out of a total population of 38 million non-institutionalized civilians in that age range. *See* Chris Chapman et al., *Trends in High School Dropout and Completion Rates in the United States: 1972–2009* (National Center for Education Statistics, U.S. Department of Education, October 2011), available at <http://nces.ed.gov/pubs2012/2012006.pdf>. The statistics in this paragraph refer to the status dropout rate, which is the percentage of individuals in a given age range who are not in school and have not earned a high school diploma or alternative credential. It focuses on the overall age group as opposed to individuals in the U.S. school system. This rate is different from the event dropout rate, which estimates the percentage of public and private high school students who left high school between the beginning of one school year and the beginning of the next without earning a high school diploma or its equivalent. The national event dropout rate for the year beginning in October 2008 was 3.4 percent. The status dropout rate is also different than the averaged freshman graduation rate (AFGR), which estimates the percentage of public high school freshmen who graduate on time with a regular diploma four years after starting ninth grade. The national AFGR for U.S. public school students in the class of 2008–09 was 75.5 percent.

<sup>5</sup> Ben Dalton et al., *Late High School Dropouts: Characteristics, Experiences, and Changes Across Cohorts* (National Center for Education Statistics, U.S. Department of Education, June 2009). The study is based on a population of young women who were high school sophomores in 2002 who subsequently dropped out of school, and is available at <http://nces.ed.gov/pubs2009/2009307.pdf>.

<sup>6</sup> Ibid.

<sup>7</sup> The more than 329,000 young women referred to are out of a total population of approximately 10.7 million women in that age range. See Brady E. Hamilton et al., *Births: Preliminary Data for 2011*, National Vital Statistics Reports, Volume 61, Number 5 (National Center for Health Statistics, U.S. Department of Health and Human Services, October 3, 2012), available at [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05.pdf).

<sup>8</sup> See note 5.

<sup>9</sup> John M. Bridgeland et al., *The Silent Epidemic: Perspectives of High School Dropouts* (Bill & Melinda Gates Foundation, March 2006), available at <http://www.gatesfoundation.org/united-states/Documents/TheSilentEpidemic3-06Final.pdf>.

<sup>10</sup> Ibid.

<sup>11</sup> This figure is based on data from Round 11 of the National Longitudinal Survey of Youth 1997 cohort. The 1997 cohort includes nearly 9,000 persons who were born between 1980 and 1984. At the time of the data collection for Round 11, respondents were 22-28 years old. Center for Human Resource Research, The Ohio State University, National Longitudinal Survey of Youth 1997 Cohort, (Round 11) (Bureau of Labor Statistics, U.S. Department of Labor, 2007), available at <http://www.bls.gov/nls/nlsy97.htm>.

<sup>12</sup> U.S. Census Bureau, Current Population Survey: 2011 Annual Social and Economic Supplement, PINC-03 (2011), available at [http://www.census.gov/hhes/www/cpstables/032011/perinc/new03\\_253.htm](http://www.census.gov/hhes/www/cpstables/032011/perinc/new03_253.htm).

<sup>13</sup> Henry Levin et al., *The Costs and Benefits of an Excellent Education for All of America's Children* (Teachers College, Columbia University, January 2007), available at <http://cbcse.org/wordpress/wp-content/uploads/2013/03/2007-Levin-Excellent-educatin-for-all-of-america%C2%B4s-children.pdf>.

<sup>14</sup> Saul D. Hoffman, *By the Numbers: The Public Costs of Teen Childbearing* (The National Campaign to Prevent Teen Pregnancy, October 2006), available at

[http://www.thenationalcampaign.org/resources/pdf/pubs/btn\\_full.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/btn_full.pdf).

<sup>15</sup> 34 C.F.R. § 106.40(b)(1). References to pregnancy include all of the related conditions covered by the regulation.

<sup>16</sup> *Ibid.*, § 106.40(a).

<sup>17</sup> *Ibid.*, § 106.40(b)(1).

<sup>18</sup> *Ibid.*, § 106.40(b)(3).

<sup>19</sup> *Ibid.*, § 106.40(b)(5).

<sup>20</sup> *Ibid.*, § 106.40(b)(4).

<sup>21</sup> OCR also enforces *Title II of the Americans with Disabilities Act (Title II)*, 42 U.S.C. § 12131 *et seq.*, and its implementing regulations, and Section 504 of the *Rehabilitation Act of 1973* (Section 504), 29 U.S.C. § 794, and its implementing regulations. An uncomplicated pregnancy, by itself, does not constitute a physical impairment and therefore is not considered a disability under *Title II* or Section 504. Complications resulting from pregnancy may be impairments. Whether a student with a complication resulting from pregnancy is protected under Section 504 and *Title II* depends on whether the complication is an impairment that substantially limits a major life activity, or alternatively, whether the student has a record of or is regarded as having such impairment. *See* 34 C.F.R. § 104.3(j); 28 C.F.R. § 35.104. *See also* 29 C.F.R. Part 1630, App. § 1630.2(h).

<sup>22</sup> 34 C.F.R. § 106.40(b)(2).

<sup>23</sup> *Ibid.*, § 106.40(b)(3).

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*, § 106.40(b)(2).

<sup>26</sup> OCR considers the conduct from both a subjective and objective perspective. For more information on the *Title IX* requirements related to sexual harassment, see OCR's *Revised Sexual Harassment Guidance: Harassment of Students by School Employees, Other Students, or Third Parties* (January 19, 2001), available at <http://www.ed.gov/ocr/docs/shguide.html>; *Sexual Harassment: It's Not Academic* (Revised September 2008), available at <http://www.ed.gov/ocr/docs/ocrshpam.html>; Dear Colleague letter on Harassment and Bullying (October 26, 2010), available at <http://www.ed.gov/ocr/letters/colleague-201010.pdf>; and Dear Colleague letter on Sexual Violence (April 4, 2011), available at <http://www.ed.gov/ocr/letters/colleague-201104.pdf>.

<sup>27</sup> 34 C.F.R. § 106.40(b)(1).

<sup>28</sup> *Ibid.* A school may, however, require a pregnant student to obtain a doctor's certification to continue participation as long as such certification is required of all students for physical or emotional conditions requiring the attention of a physician. *See* 34 C.F.R. § 106.40(b)(2). *See also* page 8, *supra*.

<sup>29</sup> *Ibid.*, § 106.31(a), (b)(6), (b)(7).

<sup>30</sup> *Ibid.*, § 106.40(b)(5).

<sup>31</sup> *Ibid.*, § 106.40(b)(2).

<sup>32</sup> *Ibid.*, § 106.40(b)(4).

<sup>33</sup> *Ibid.*, § 106.11.

<sup>34</sup> For more information on the procedural requirements of *Title IX*, see the sources listed in note 26.

<sup>35</sup> *Ibid.*, § 106.8(b).

<sup>36</sup> *Ibid.*, § 106.8(a).

<sup>37</sup> *Ibid.*, § 106.9(a).

<sup>38</sup> *Ibid.*, § 106.9(b).



The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

*[www.ed.gov](http://www.ed.gov)*



# COMBINED APPLICATION FOR DC\*

## FOOD STAMPS (SNAP BENEFITS)

## CASH ASSISTANCE (TANF for FAMILIES with CHILDREN or INTERIM DISABILITY ASSISTANCE for the DISABLED)

## MEDICAID (for the ELDERLY or DISABLED)

## HEALTHCARE ALLIANCE/ IMMIGRANT CHILD PROGRAM

\*APPLICANTS FOR MEDICAID FOR FAMILIES WITH CHILDREN (INCLUDING TANF APPLICANTS) OR A NON-DISABLED/NON-ELDERLY ADULT MUST FILE A DC HEALTH LINK APPLICATION (See Next Page)

If you live in DC, you can use this form to apply for benefits. If you need help with this form, just ask your worker or another ESA employee. You can also call (202) 727-5355. Free interpreters are available.

Please bring this to your Service Center. To find out which Center is closest to you, call (202) 727-5355. You may also mail this form to DHS/CRMU, 609 H St., NE, Washington, DC 20002.

### Sí, hablo ESPAÑOL (SPANISH)

Si usted vive en DC, puede usar este formulario para solicitar beneficios. Si necesita ayuda con este formulario, pídale ayuda a su trabajador u otro empleado de ESA. También puede llamar al (202) 727-5355. Intérpretes gratis están disponibles.

Por favor, lleve este formulario al Centro de Servicio de su área. Para saber cuál Centro le queda más cerca, llame al (202) 727-5355. También puede enviar este formulario por correo a 609 H St., NE, Washington, DC 20002.

Questions? ¿Preguntas? ጥያቄዎች?  
有問題嗎? Có thắc mắc gì không?

(202) 727-5355

### 是，我說中文 (MANDARIN)

“如果您住在D.C.，您可以用這份表格來申請福利。如果您填寫這份表格時需要幫助，您可以向工作人員或其他IMA員工詢問。您還可以致電 (202) 727-5355 我們有免費翻譯服務。”

“請將這份表格送到您所在地區的服務中心。欲知離您處所最近的服務中心的地址，請致電 (202) 727-5355 您也可以將這份表格寄至 609 H St., NE Washington, DC 20002.”

### አዎ አማርኛ እናገራለሁ (AMHARIC)

“በዲ.ሲ. ውስጥ የሚኖሩ ከሆኑ የአርዳታ ጥቅሞችን ለማግኘት በዚህ ቅጽ ሊጠቀሙ ይችላሉ። ይህንን ቅጽ ለመሙላት እርዳታ ክፍለ-ጉዳይዎን የያዙትን ሠራተኛ ወይም ሌላ የአይኤምኤ ሠራተኛን ይጠይቁ። እንዲሁም በ (202) 727-5355 ለመደወል ይችላሉ። ነፃ አስተርጉሞች ይኖራሉ።”

“እባክዎ ይህንን ቅጽ ወደ አካባቢዎ የአገልግሎት ማዕከል ይዘውት ይሂዱ። የትኛው ማዕከል በእርስዎ አቅራቢያ እንደሚገኝ ለማወቅ ደግሞ በ (202) 727-5355 ይደውሉ። ይህንን ቅጽም በፖስታ ቤት በኩል ለ 609 H St., NE Washington, DC 20002.” ለመላክም ይችላሉ።”

### Có, tôi nói VIỆT (VIETNAMESE)

“Nếu quý vị sống tại D.C., quý vị có thể dùng mẫu đơn này để xin quyền lợi. Nếu quý vị cần giúp đỡ điền đơn này, xin hỏi nhân viên xã hội của mình hoặc một nhân viên khác của IMA. Quý vị cũng có thể gọi số (202) 727-5355. Có thông dịch viên miễn phí.

“Xin đem mẫu này tới Trung Tâm Dịch Vụ khu vực của quý vị. Để tìm hiểu xem Trung Tâm nào gần quý vị nhất, gọi (202) 727-5355. Quý vị cũng có thể gửi

FOR AGENCY USE ONLY  Application  Recertification  
Case Name \_\_\_\_\_ Case # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_ Prog. Approved \_\_\_\_\_  
Date Disp. \_\_\_\_\_ Prog. Denied \_\_\_\_\_  
ESA Combined Application, Revised January 2015



## ECONOMIC SECURITY ADMINISTRATION SERVICE CENTERS

### **Anacostia Service Center**

2100 Martin Luther King Avenue, SE  
Washington, DC 20020  
Phone: (202) 645-4614  
Fax: (202) 727-3527

### **H Street Service Center**

609 H Street, NE  
Washington, DC 20002  
Phone: (202) 698-4350  
Fax: (202) 724-8964

### **Congress Heights Service Center**

4001 South Capitol Street, SW  
Washington, DC 20032  
Phone: (202) 645-4525  
Fax: (202) 645-4524

### **Fort Davis Service Center**

3851 Alabama Ave., SE  
Washington, DC 20020  
Phone: (202) 645-4500  
Fax: (202) 645-6205

### **Taylor Street Service Center**

1207 Taylor Street, NW  
Washington, DC 20011  
Phone: (202) 576-8000  
Fax: (202) 576-8740

*Customers may call ESA at (202) 727-5355  
to learn which Service Center serves their address.*

### **IMPORTANT NOTICE ABOUT APPLYING for MEDICAID**

***Unless you are 65 years or older or you are disabled you need to complete a DC Health Link Application for Health Coverage to get Medicaid. If you are applying in person at one of the offices listed above you can ask for a paper copy of the Health Link Application. If you want to file an on-line application for Medicaid go to the DC Health Link Website at DC HealthLink.com. You can also call the DC HealthLink Customer Service Center toll-free at 1-888-532-5465 for help applying.***

Questions? ¿Preguntas? ຖ້າມີບັນຫາ?  
有問題嗎? Có thắc mắc gì không?



**(202) 724-5506.**

## Your Information

Last Name	First Name	Middle Name	Date of Birth	Telephone
Current Address Apt.		Mailing Address (if different)		
City, State ZIP		Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to stay in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I am applying for:  **Medical Assistance/QMB**  **Food Stamps**  **IDA** (Interim Disability Assistance)  
 **TANF/GC** (Temporary Assistance for Needy Families/General Assistance for Children)

**Note:** Your Food Stamp benefits start on the day that you apply. You can apply right away. Make sure to write down your name and address above and then sign at the bottom of this page.

## Expedited Food Stamps

You might be able to get Food Stamps in less than a week! To see if you qualify, please tell us:

1. Will your household income be more than \$150 this month?  Yes  No
2. Do you have more than \$100 in cash or in the bank?  Yes  No
3. Is your income & ready cash this month more than your rent and utilities?  Yes  No

If you answered NO to the questions above, then you may be eligible. Please tell us:

(a) What will be your total income this month? \$\_\_\_\_\_ ; (b) How much do you have in cash or the bank? \$\_\_\_\_\_ ; and (c) What did you pay for housing (rent/ utilities) this month? \$\_\_\_\_\_

4. Are you or anyone in your household a migrant or seasonal farm worker?  Yes  No

## Authorized Representative

Do you want someone else to act for or represent you?  Yes  No If YES, please tell us:

Name of Your Authorized Representative: \_\_\_\_\_ Address of Rep.: \_\_\_\_\_ Telephone of Rep.: \_\_\_\_\_

What do you want them to do?  Do interviews  Make Inquiries  Report changes  Use EBT card

## Signature

By signing below, I give my permission to DHS to get information about me. DHS can get this from my employer, landlord, bank, and utility company. I give all of these people my permission to give information about me to DHS. I have reviewed the information in my application and I believe that all of my information on this entire eight-page form is true and correct. **I know that if I give any false information, I may be breaking the law and I could be at risk of criminal prosecution and penalties. I know that state and federal officials will check this information. I agree to help with their investigations.**

I agree to follow the rules for DHS benefits. I have received a copy of these rules. I know that I will have to **recertify** for my benefits. I also understand that my child may get free health care through "HealthCheck."

**Authorized Representatives:** If the applicant cannot sign this form, you may sign it for them. By signing, you certify that this person wants to apply for benefits and agrees to the conditions above.

**SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Who Lives with You?

(Please list everyone in the household, even if you are not applying for them.)

Last Name	First Name	Middle Name	Applying for this Person? (Yes/No)	Sex (M/F)	Date of Birth	Age	Social Security Number*	Relation to you (child, aunt, friend, etc.)	Do you eat together? ? (Yes/No)	U.S. Citizen? (Yes/ No)**
1. (You)								(Self)	(n/a)	
2.										
3.										
4.										
5.										
6.***										

\* You can leave this blank if this person does not have an SSN or does not want benefits. However, you may still have to report this person's income and assets.

\*\* Many immigrants are eligible for benefits. To see if you may qualify, please fill out all of page 6. \*\*\* Attach another sheet if more than six people live in your house.

## General Questions

1. Are you:  Single  Married  Divorced  Separated  Widowed (Not needed for Food Stamps)      2. Is anyone in the military or a U.S. Veteran?  Yes  No  
If YES, who?

3. Is anyone **pregnant**?  Yes  No (Not needed for Food Stamps)      4. Are you in a long-term care facility (nursing home, ICF-MR, CRF, etc.)?  
If YES, who?      When is the baby due?       Yes  No      If YES, where?

5. How much do you pay for **child-care** or **elder-care** (day care, babysitter, etc.)? \$      How often do you pay this?

6. Are you or anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, going to jail for a felony crime or attempted felony, or violating a condition of parole or probation?  Yes  No      If YES, who?

7. Have you gotten benefits from another State in the last three (3) months?  Yes  No      If YES, where?

8. Does anyone age 16 or older go to **school** or a **job-training** program?  Yes  No      If YES, who?  
Name of the school or program?      How many hours per week?

9. In the last two (2) months, did anyone **stop working** or cut back on their hours?  Yes  No      If YES, who?  
Reason? \_\_\_\_\_ What was their last day at work? \_\_\_\_\_ Date of final paycheck: \_\_\_\_\_

# Income

## Income from Work (before taxes or other deductions: gross, not net amount)

Are you or is anyone in your house working?     Yes     No

Person who is working	Employer's Name/Telephone	Start Date	How much is each paycheck? (before taxes)	How often do you get paid? (weekly, biweekly, monthly, etc.)
			\$ (GROSS)	
			\$ (GROSS)	

## Other Income

Do you or anyone else get any other income? Please check all that apply and list each payment below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SSI                       | <input type="checkbox"/> Unemployment/Workers Comp.   | <input type="checkbox"/> Child support      |
| <input type="checkbox"/> Social Security (not SSI) | <input type="checkbox"/> Pensions and retirement      | <input type="checkbox"/> Help with expenses |
| <input type="checkbox"/> Veterans benefits         | <input type="checkbox"/> Foster care/adoption subsidy | <input type="checkbox"/> Other _____        |

Type of Payment	Who gets this?	How much is each payment? (before taxes and deductions)	How often do they get this? (weekly, biweekly, monthly, etc.)
		\$ (GROSS)	
		\$ (GROSS)	

Does anyone pay your family for meals or to rent a room (for example, a **roommate or boarder**)?

Yes     No    If YES, who pays? \_\_\_\_\_ How much do they pay each month? \$ \_\_\_\_\_

# Assets

<b>Cash</b>	Does anyone have more than \$1,000 in cash? If YES, how much \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bank Accounts</b>	Does anyone have more than \$1,000 in the bank? If YES, please attach your most recent bank statement(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Life Insurance</b>	Does anyone have life insurance that they can cash in? If YES, how much money would you get if you cashed it in today? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Real Property</b>	Does anyone own property besides the home you live in? (For example: boats, rental property, real estate)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Car</b>	Does anyone own a car, truck or van? If YES, list Make, Model and Year below. _____ Is it used by someone who's sick/disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other</b>	Does anyone have any stock, bonds, etc.?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Transfers</b>	Did anyone sell, trade, or give away anything worth more than \$1,000 during the last three (3) years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\* If YES, please attach a description to this form.

## For the Blind and Disabled (Medical Assistance and IDA Only)

Is anyone in your house **blind** or severely **disabled**?  Yes  No If YES, who? \_\_\_\_\_

To get DC Disability Medicaid and Interim Disability Assistance (IDA), you may need to show that you are blind or disabled. Please get a Medical Form and have a doctor fill it out. If you do not have a doctor, call the DC Department of Healthcare Finance's Office of the Ombudsman on (202) 724-7491. They can help you find a doctor. The doctor will fill out the Medical Form for you. DHS will treat all of your information as confidential.

**Note:** You do **not** need to fill out a Medical Form (856) if **you are age 65 or older** or if a **child under 19 lives with you**. Also, you may not need to fill out the form if you get Social Security disability benefits. If you have questions, please ask your worker or call (202) 727-5355.

## Housing, Utilities, & Other Bills (Food Stamps Only)

Your Food Stamps amount may depend on your housing, utility, and medical bills. Please tell us the current amount of these bills. Do **not** include any past due amount. To qualify for more Food Stamps, you must provide proof of these bills. If you do not, we will assume that you do not want this deduction.

### Rent or Mortgage

	Rent	Mortgage	Monthly Property Taxes*	Homeowners Insurance*	Condo Fee*	Other (describe below)
How much?	\$	\$	\$	\$	\$	\$
Who pays?						

\* Do not list property tax, insurance, or condo fees separately, if they are already included in your rent /mortgage amount.

Do you pay for heating or air-conditioning separately from your rent?  Yes  No

Did you get LIHEAP (Low Income Home Energy Assistance Program) benefits during the past 12 months?  Yes  No If yes, how much did you get? \$ \_\_\_\_\_

### Utility Bills (if separate from rent/mortgage)

Do you pay any money for the following utilities (separate from your rent)?

- Electric Bill  Gas Bill  Fuel Oil  Water Bill  Phone Bill (including cell)  
 Other \_\_\_\_\_

### Other Bills

- Is there anyone who is disabled or age 60 or older who pays medical bills?  
 Yes  No If YES, who pays? \_\_\_\_\_ How much do they pay each month? \$ \_\_\_\_\_
- Does anyone in your home **pay** child support?  
 Yes  No If YES, who pays? \_\_\_\_\_ How much do they pay each month? \$ \_\_\_\_\_

## Parents Not Living in the Home (TANF and Medical Assistance Only)

We can help you get child support for the children for whom you are applying. Please tell us about any absent parents (any parents not living with their child). However, you could have a good reason for not telling us about an absent parent. **If you are afraid that an absent parent might hurt you or someone in your family, then you have a good reason.** If you have a good reason, then you do not have to give any information now.

Do you have a good reason for not telling us about an absent parent?  Yes  No

If NO, then you need to fill in the information below.

### Child with Absent Parent: Child # 1

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

**I certify that Child #1 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.**

**Signature:**

Paternity Established?	Voluntary Support	Court-Ordered Child Support	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

### More Information about Absent Parent

Last Known Address	Telephone	Social Security Number
Alias or Nicknames	Birthdate	Place of Birth (City, State)
Last Known Place of Employment		Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother

### Child with Absent Parent: Child # 2

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

**I certify that Child #2 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.**

**Signature:**

<b><i>Paternity Established?</i></b>	<b><i>Voluntary Support</i></b>	<b><i>Court-Ordered Child Support</i></b>	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

***More Information about Absent Parent (complete this if different from Child #1)***

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

***Child with Absent Parent: Child #3***

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

**I certify that Child #3 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.**

**Signature:**

<b><i>Paternity Established?</i></b>	<b><i>Voluntary Support</i></b>	<b><i>Court-Ordered Child Support</i></b>	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

***More Information about Absent Parent (complete this if different from Child #1 and #2)***

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

**I solemnly swear or affirm** under criminal penalties for the making of a false statement that I have read the foregoing information regarding parents absent from the home and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

**I understand and agree** that the Child Support Services Division (CSSD) will collect all child support payments. Since I am assigning support rights, **I also agree** to repay CSSD any payments that are made to me.

**SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Health Insurance and Medical Bills (Medical Assistance Only)

You may still get Medical Assistance even if you have other health insurance. We can also pay your Medicare premiums for you. Please tell us about your health insurance.

<b>Medicare</b>	Does anyone have Medicare (a red, white and blue card)? If YES, who has Medicare? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Health Insurance</b>	Does anyone have any other insurance? If YES, please give us a copy of the insurance card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Retro Medicaid/ Medical Bills</b>	Did anyone have any medical bills in the last three months? If you get DC Medicaid, you can get paid back for some bills that you have paid. We can also pay some unpaid bills. Call <b>(202) 698-2009</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were your address, income, and assets the same as now during the last three months? If no, describe the change.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Voluntary Questions

**Ethnicity:**    Hispanic/Latino    Not Hispanic/Latino

**Race:**    Black/African-American    Asian    American Indian or Alaskan Native  
 White    Native Hawaiian or Other Pacific Islander

**Note:** You may check more than one race. Also, you do not have to provide this information. None of this information will affect your benefits. We only ask for this information to make sure that we do not discriminate.

## Language Preference

The DC Language Access Act requires that we provide services for persons who do not speak English or cannot speak English well. The law also requires that we collect information on the languages that our customers use. Please answer the following questions:

**What is the Language that you usually speak?**

English    Spanish    French    Vietnamese    Korean    Amharic  
 Chinese (Mandarin)    Chinese (Cantonese)    Other \_\_\_\_\_

**What Language do you want to use to get ESA services?**

English    Spanish    French    Vietnamese    Korean    Amharic  
 Chinese (Mandarin)    Chinese (Cantonese)    Other \_\_\_\_\_

If you do not want to use the language that you usually speak, you must sign the statement below:

I have been told that I have the right to receive ESA services in the language that I usually speak. By signing below, I am saying that I do NOT want language services.

**Sign here only if you do NOT want language services:** \_\_\_\_\_

## For Immigrants (Non-Citizens) Applying for Benefits

Many immigrants are eligible for benefits. For any non-citizen applying for benefits, please provide the immigration information below. **If your status is “OTHER,” then we will not ask you for any more information about your immigration status.**

If you are only applying for your child, you do **not** have to give details about your immigration status. Instead, you can just give your child’s immigration information. If you just want benefits for your child, you can mark “OTHER” for your own immigration status.

We may ask Immigration Services (USCIS) to verify the status of anyone who is NOT listed as “OTHER”. This may affect your eligibility for benefits and the amount of your benefits

Please use these categories for "Current Status" in the table below:

- Lawful permanent resident (LPR)
- Refugee or Asylee
- Cuban or Haitian Entrant
- Person who has been granted withholding of deportation (removal)
- Parolee admitted for at least one year
- Alien who has been present before April 1, 1980, as a “Conditional Entrant”
- Person on active duty in U.S. Armed Forces (or veteran)
- Spouse, widow or dependent of American soldier or veteran
- A victim of domestic violence
- A victim of a severe form of trafficking in human persons
- Native American/Inuit born outside of the U.S.
- Hmong/Laotian
- Afghan/Iraqi Special Immigrant
- Amerasians who came to the U.S. due to the Vietnam War
- OTHER: status does NOT match one of those listed here.

Name	Alien ID # ("A" number)	Current Status	Date that You Moved to the U.S.	Was ever a Refugee/Asylee?	Cuban/Haitian?
1.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**Important:** Did anyone above move to the United States before August 22, 1996?     Yes     No

If YES, who? \_\_\_\_\_

**For Lawful Permanent Residents (LPRs) only:**

1. Do you have a sponsor?     Yes     No

2. Have you, your parents, your spouse, and/or your sponsor ever worked in the U.S.?     Yes     No

**Note:** Some immigrants who moved to the U.S. after August 22, 1996 do not have to wait five years before getting benefits.

## This Is Your Receipt

The date stamp at the right shows that DHS got your application. If you have any questions, you can call the ESA Call Center on (202) 727-5355.

Your worker will give you a "checklist." This checklist tells you which documents that you need to bring back to DHS. You can also mail copies to your Service Center at the address recorded below. If you mail them, please write your name and your date of birth on each document. DHS must help you get the documents you need, when you are not able to get them. Let us know if you need help.

ESA Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Service Center address: \_\_\_\_\_

### ESA DATE STAMP

Case Name \_\_\_\_\_

## Documents That You May Need to Bring to DHS

Proof of:	Examples
<b>Income</b>	Recent paystubs; statement showing retirement income, disability income, or Workers Compensation; pension statement; etc.
<b>Assets</b>	Recent bank and checking account statements, etc.
<b>DC Residency</b>	DC driver's license, lease, rent receipt, written statement from your landlord, utility or telephone bill, etc.
<b>Social Security Number</b>	Social Security card; tax or payroll documents with your SSN on it; DC driver's license with your SSN on it; etc. (Not required for Food Stamp-only applicants.)
<b>Medical Exam Report/Disability</b>	Recent medical report (or Form 856) and any supporting materials from your doctor.
<b>Immigration Information</b>	Employment Authorization card, I-94, visa, passport, or other documents from the INS.
<b>Rent/Mortgage</b> (Food Stamps only)	Lease, rent receipt, cancelled check, mortgage statement, etc.
<b>Utility Bills</b> (Food Stamps only)	Recent bills for electric, gas, fuel, phone, water, telephone, etc. (if you pay these separately from your rent).
<b>Relationship</b> (TANF only)	Birth certificate (full copy) for your child(ren) or official records from a school, court, hospital, etc.
<b>"Living with"</b> (TANF only)	Statements from two non-relatives or school records.

Also bring your **Medicare card** or other health insurance card, if you have one.

## Referrals

- HealthCheck provides **free check-ups** for children on Medicaid. It also pays for other services that a child needs. HealthCheck can also get you **free rides to the doctor**. To find out more, call (202) 639-4030.
- WIC is a program for children under five. With WIC, you can **save up to \$140** each month on food. Also, WIC staff can talk with you about breast-feeding. To find out more, call (202) 645-5663.
- If you are eligible for DC Medicaid, you can get money back for **recent medical bills** that you have paid. To find out more, call (202) 698-2009.
- The District has a special program for seniors and the disabled who need **in-home nursing** and other **home care**. This program has a higher income limit than regular Medical Assistance. To find out more, call (202) 204-3540.

HIV/AIDS testing and services	(202) 671-4900	Medicare	1-800-633-4227
Alcohol and drugs	1-888-7WE-HELP	Social Security Administration	1-800-772-1213
Depression and mental health	1-888-7WE-HELP	Energy Assistance	(202) 673-6700
Breast/cervical cancer screening	(202) 442-5900	Public Housing and Section 8	(202) 535-1000

## Free Legal Help

Neighborhood Legal Services  
680 Rhode Island Ave., NE  
(202) 832-6577

4609 Polk St., NE (Ward 7)  
(202) 832-6577

2811 Pennsylvania Ave., SE (Ward 8)  
(202) 832-6577

Bread for the City Legal Clinics  
1640 Good Hope Rd., SE  
(202) 561-8587

1525 Seventh St., NW  
(202) 265-2400

Legal Aid Society  
666 11<sup>th</sup> St., NW, Suite 800  
(202) 628-1161

Legal Clinic for the Homeless  
1200 U St., NW  
(202) 328-5500

Legal Counsel for the Elderly  
(for people age 60 and older)  
601 E St., NW  
(202) 434-2120

## Your Rights and the Program Rules

### Recertification

We will send you a recertification notice in the mail. If you get Medical Assistance, just complete the form and send it back to DHS. If you get Food Stamps or cash assistance (TANF, GC or IDA), then you will need to come to DHS for an interview. If you do not recertify, then you will lose your benefits. Also, please let us know if you move. Just call **(202) 727-5355** to report your new address

### General Rules

You must give true and complete information. If you lie or give false information, you may lose your benefits. You could also be fined and go to prison. We may verify your information to make sure it is correct. We may check on your income, your Social Security information, and your immigration information. We verify this information through computer matching programs. We may also interview you and do a home visit.

Your case may be chosen for a Quality Control review. This is a detailed review of all of your information. It may include personal interviews and a review of your medical records. By applying, you agree to cooperate with the state or federal reviewers. If you refuse to cooperate, you may lose all or part of your benefits. If you are under investigation or are fleeing to avoid the law, we may share your information with federal and local agencies. If a food stamp claim arises against you, the information on this form, including SSNs, may be sent to Federal and State offices, or private claims collection agencies for claims collection action against all adults in the household.

Under federal and District law, you must provide your Social Security Number (if you have one) if you are in the assistance unit. (See 42 CFR 435.910, 7 CFR 273.6, DC Code §4-204.07, §4-205.05a, and §4-217.07) Your SSN will be used to verify your identity, prevent receipt of duplicate benefits, and make required program changes. The DHS computer system uses your SSN to verify your income by using records from federal and local sources, including the Internal Revenue Service, the Social Security Administration, DC Department of Employment Services, and the DC Child Support Services Division (CSSD). DHS also reserves the right to check your information with income verification services and other local agencies.

Unless you receive a notice of simplified reporting, you must report changes in your income, assets, shelter and childcare costs, and who lives with you. To report a change, call **(202) 727-5355**. You must call us before the 10th day of the month after the change.

### Fair Hearings

If you think that DHS has made a mistake, then you can get a Fair Hearing. Call **(202) 698-4650** to find out more. You can also call (202) 727-8280. At a Fair Hearing, you can ask someone else to speak for you. This could be an attorney, a friend, a relative, or someone else. You can also bring witnesses. We will pay for transportation to the Fair Hearing for you and your witnesses. We may also pay for some of your other costs. You can also get free legal help for a Fair Hearing. Call one of the agencies above to talk to a lawyer or counselor.

### Medical Assistance Rules

The Medicaid rules have changed. If you are not aged (over 65), blind, or disabled, you must complete the new DC Health Link application for medical insurance. However, if you are over 65, blind or disabled or if you want us to review your application for Interim Disability Assistance, then you must complete this form. After you apply, you will get a decision about your Medical Assistance within 45 days (or 90 days if DHS must determine if you are disabled). If you do not get a notice within this period, please call (202) 727-5355. If you get Medical Assistance, then you must recertify each year when we send you a recertification notice. There is no time limit for getting Medical Assistance. Also, if you lose TANF, you may still get Medical Assistance.

*Child Support:* You agree to cooperate fully with the DC Child Support Services Division (CSSD) in establishing paternity and getting child and medical support as required by law. You can apply for an exception to this if you have a good reason. However, you can lose your benefits if you do not cooperate without a good reason.

*Estate Recovery:* The District will seek recovery for the bills we pay if you are in a nursing home or other medical institution. Also, if you are age 55 or older, the District will seek recovery for services that you get. This means that we may put a lien or claim on your property or estate. If you have questions, call (202) 698-2000.

**Lawsuits:** If you sue or enter into settlement negotiations with a third party for a medical claim or injury, you must provide written notice of the action (either by personal service or certified mail) within 20 calendar days to the Medical Assistance Administration, Third Party Liability Section, 441 4<sup>th</sup> Street, NW, Suite 1000- South, Washington, DC 20001. If you have questions, call (202) 698-2000.

**Out of Pocket Reimbursement Information:**

If you paid for drug prescriptions, doctor visits, or hospitalizations during a time that you were eligible for Medicaid, you may be able to be reimbursed for the expenses.

**REQUIREMENTS:** You may be eligible for reimbursement if during a period of time you or a family member were eligible for Medicaid, and

- a. You paid for drug prescriptions, doctor visits, or hospitalizations; or
- b. You are still paying a bill or are being asked to pay a bill by a pharmacy, clinic, doctor, or hospital for drug prescriptions, doctor visits, or hospitalizations.

If you believe that you are entitled to reimbursement, you must request reimbursement within six (6) months of the date you went to the pharmacy, clinic, doctor, or hospital, or within six (6) months of the date you learned you were eligible for Medicaid, whichever is later.

You must complete and submit a Medicaid Reimbursement Request Form to the DC Department of Health Care Finance. You can get a copy of the form at any ESA office, or you can download a copy at <https://www.dc-medicaid.com/dcwebportal/nonsecure/recipientForms>.

**IF YOU HAVE QUESTIONS OR IF YOU NEED HELP COMPLETING THE FORM OR OBTAINING REQUESTED INFORMATION CONTACT:**

- a. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
- b. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, who will provide you with free legal assistance.

**A DECISION ON YOUR REIMBURSEMENT CLAIM MUST BE MADE WITHIN 90 DAYS:**

- a. The Medicaid Recipient Claims Research Team must make a decision on your reimbursement claim within 90 days from the time you file your claim. If no decision is made within those 90 days, your claim will be treated as valid, and you will be paid within 15 days after the end of the 90 day period.
- b. If you are not satisfied with the decision of the Medicaid Recipient Claims Research team, you have a right to a fair hearing. You may request a fair hearing by calling the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings is located at 441 4th Street, NW; Washington, DC 20001-2714.

c. If you are not satisfied with the result of the fair hearing, you may appeal to the United States District Court of the District of Columbia within 30 days. You may obtain free legal assistance to help you present your case at the fair hearing or at the appeal by contacting Terris Pravlik & Millian, LLP at 1121 12th Street, NW; Washington, DC 20005 or (202) 682-0578.

**TANF Rules**

There are new requirements in the TANF program. After you apply, you must complete an orientation, assessment and develop an initial self sufficiency plan as a condition of eligibility for TANF benefits. This requirement does not apply to you if you are receiving SSI or if you are caretaker of child(ren) that are not yours and you are only applying for the child(ren). To schedule an appointment for an assessment, you can call the Family Resource Center at (202) 698-1860. You will get a decision about your TANF within 45 days. If you do not get a notice within 45 days, you can get a Fair Hearing. Also, if you think your benefit amount is incorrect, then you can get a Fair Hearing.

If you are able to work, then you must comply with the work requirements to receive TANF benefits. You could lose your benefits if you do not comply. If you have a physical or mental condition that keeps you from working, let DHS case coordinator know at any time. You can be excused from working if you have a good reason. This is called a work exemption.

You are excused from working if:

- You are a minor parent and you are in school
- You have a child under 6 and cannot find child care
- You are incapacitated, injured or have a disability
- You are required to take care of someone in your house who is ill or disabled
- You are 60 years of age or older
- You need treatment for substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety
- You have a child under one (1) years old

We may ask for proof of your need to be excused, including a report from your doctor where appropriate. If you are eligible for the exemption, you may also be eligible for a temporary transfer to POWER.

**POWER:** You can apply for a temporary transfer to POWER at any time if you are eligible for TANF benefits but cannot work. You can apply for POWER by letting us know that you have a physical or mental condition that prevents you from working. You can also be eligible for POWER if you are:

- A minor parent enrolled in school
- You are required to take care of someone in your house who is ill or disabled
- Your are 60 years of age or older
- You need treatment of substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety

**Child Support:** There are new rules for Child Support. You can receive both TANF and a portion of your child support at the same time. The Child Support Services Division can help you get child support from the other parent. You are required by law to cooperate with the CSSD. **Contact (202) 442-9900** to set up an appointment with them. By signing this application, you agree to cooperate fully with the CSSD in establishing paternity and getting child and medical support as required by law. You can ask for an exemption if you have a good reason for not cooperating.

You have a good reason if:

- You are afraid that you, your children, or a close family member could be harmed if you help CSSD
- Your child was conceived because of rape by a stranger, someone you know, or a relative
- Your child is going to be adopted or you are deciding whether to give up your child for adoption

You may have other reasons for not wanting to help CSSD. Discuss them with your Child Support Worker. If you have a good reason, tell your DHS and Child Support Worker and provide proof within 20 days of the request for exemption. After you provide proof to CSSD, they will let you know of their decision. If you do not cooperate with CSSD, and you do not have an exemption, then you will lose 25% of your TANF benefit.

**TANF Time Limits:** Most people can only get TANF for 60 months. We count every month that you received a TANF benefit until you get to 60 months. If you are subject to the time limits, your TANF benefit will be reduced or eliminated at the beginning of 61 months.

You are not subject to the time limits if you are receiving SSI or if you are receiving TANF because you are caring for someone else's child. In addition, the months do not count if you are receiving POWER benefits. It is important that you let us know if you are having trouble working because of illness or disability. You may qualify for POWER for other reasons. Please see the section on POWER for more information.

**Work Pays While on TANF:** When you report that you got a job, you may be eligible to receive up to \$1,250 in TANF bonuses while you work! We also discount your income so that you can keep more of your TANF while you are bringing home a paycheck. How much of your TANF money you keep depends on how much you are earning.

**Sanctions:** If you do not follow your plan or work requirements, your TANF benefits will be cut, unless you have a good reason. This is called a work sanction. We want you to put yourself in the best situation to be successful for you and your children. DHS offers services to assist you with preparing for and getting a job, address problems that are preventing you from being successful at a job, and help with getting a better job. If you are at risk of a sanction, we will notify you in advance. You can avoid sanctions. Contact your case manager or DHS Family Resource Center to learn how.

There are three levels of work sanctions. The first level sanction will reduce your grant by reducing your household size and moving you from the grant. The second level sanction will reduce your benefits in half. The third level you will lose your entire grant. You must comply for four consecutive weeks to get your benefits back. If you do not comply right away, the sanction could last longer. For more information ask for a **TANF: Your Guide to Putting the Pieces Together** booklet or go to [www.dhs.dc.gov](http://www.dhs.dc.gov) or call (202) 698-1860.

**Electronic Benefit Transfer rule changes:** Recently Congress passed a law that changes how and where you can use your TANF benefits on your EBT card. Your EBT card is the card you use to access your TANF benefits. You are not permitted to use your EBT card in liquor stores, casinos, or strip clubs. If you use the card at any of these locations, the transaction will be blocked. DHS is monitoring the use of the card at these locations. If you repeatedly use the card at prohibited locations you may be in violation of the program rules and disqualified from the program.

### Food Stamp Rules

You may file an application for Food Stamps separately from other benefits. You will get Expedited Food Stamps within seven (7) days if you are eligible. After you apply, you will get a decision about your Food Stamps within 30 days. If you do not get a notice within this period you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

You must have an interview with DHS to get Food Stamps. If you need to do an interview by telephone, please let your worker know. We can do phone interviews if you cannot come to DHS because of work. We can also do phone interviews if you are sick or have a sick relative for whom you are caring.

You will have to come to DHS to recertify when we send you a notice. Note: some elderly and disabled customers only have to recertify every two years. However, there is no time limit for getting Food Stamps. In fact, even if you lose TANF, you may still get Food Stamps.

**If you get Food Stamps, you must follow these rules.**

- **Do not lie or hide information to get Food Stamps.**
- **Do not trade or sell your Food Stamps;**
- **Do not use someone else's Food Stamps; and**
- **Do not buy alcohol or tobacco with Food Stamps.**

**If you break the rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits for one year for the first violation, two years for the second violation, and permanently for the third violation. If you lie about living in the District or your identity, then you cannot get Food Stamps for 10 years. If you sell or trade your Food Stamps for any purpose (e.g., to get drugs, firearms, ammunition, or explosives) or traffic in \$500 or more in benefits, then you may lose your benefits permanently.**

## IDA Rules

After you apply, you will get a decision about your IDA within 60 days. If you do not get a notice within 60 days, you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

If you get IDA, then you must cooperate with your IDA case manager. This means:

- Give us medical reports and other materials;
- Keep your appointments with the doctor and with the Social Security Administration;
- Keep your appointments with your case manager; and
- Go to treatment programs, as required.

If you do not follow these rules, then you may lose part or all of your IDA benefits. Also, DHS will take out the amount of IDA that you got from your first "lump sum" SSI check; DHS will send the rest of your first SSI check to you.

## Rights of Support

You must turn over to the District Government any payments that you get from an insurance company for medical care. You must turn over part or all of your child support to the DC Child Support Services Division (CSSD) after you get your first TANF payment. If you do not agree to these conditions, then you cannot get Medicaid or TANF. Once you are off TANF, then you can keep any current child support payments. If you use a Medicaid card or the TANF benefit, then you are telling us that you agree to these conditions.

## Confidentiality

By applying, you give DHS permission to talk with your employer, your landlord, your bank, your doctor, and other people who have information about you. You also give these people your permission to give information about you to DHS. In addition, you also give DHS permission to look at your motor vehicle records, wage data, tax information, and other government records. Of course, DHS keeps all of your information confidential. DHS does not release your records without your permission (except when required by law).

## Equality and Non-Discrimination

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the

Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, SW, Washington, DC 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, gender identity or expression, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, and place of residence or business. Sexual harassment is a form of sex discrimination, which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action. These prohibitions also apply to the denial of credit or insurance. COMPLAINTS OF POSSIBLE VIOLATIONS OF THIS LAW MAY BE FILED WITH:  
Government of the District of Columbia  
Office of Human Rights  
441 4th Street, NW, 570N  
Washington, D.C. 20001  
Telephone (202) 727-4559 • Fax (202) 727-9589



DC Economic Security Administration



609 H Street, NE



Washington, DC 20002



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Mayor Muriel Bowser

## Department of Health

### Department of Health



#### Office Hours

Monday to Friday, 8:15 am to 4:45 pm, except District holidays

#### Connect With Us

899 North Capitol Street, NE, Washington, DC 20002

Phone: (202) 442-5955

Fax: (202) 442-4795

TTY: 711

Email: [doh@dc.gov](mailto:doh@dc.gov)



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[Spanish \(Español\)](#)

[Vietnamese \(Tiếng Việt\)](#)



+
SHARE



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## Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



## What is WIC?

WIC is a program that provides the following services to pregnant women, new mothers, infants, and children up to age 5:

- Nutrition counseling and education
- Breastfeeding resources and support
- Nutrient-rich foods (Foods provided by the program supply calcium, protein, iron, and Vitamins A, D, and C.)
- Immunization assessment and screening
- Referrals to health and social service providers

For women and children over 1-year-old, WIC also provides fresh fruits and vegetables (May – November) through the Farmers' Market Nutrition Program.

All this at no cost to the participants!

## Who can participate in WIC?

You can participate in WIC if you:

- Are pregnant or breastfeeding, a new mother, an infant, or a child up to age 5;
- Live in DC (You do not have to show proof of U.S. citizenship to participate.);
- Meet income guidelines or medical risk for your family as listed below or are participating in Medicaid, DC Healthy Families, School Lunch Program, Temporary Assistance for Needy Families (TANF), or the Food Stamp Program; and/or
- Have a nutritional or medical risk (determined by a nutritionist or other health professional).
- Fill out the [WIC Prescreening Tool](#) to find out if you might be eligible for WIC.

## Learn More About WIC

- [Video in English](#)
- [Video en Español](#)

## WIC Clinic Sites

Where can I enroll in WIC? There are currently four (4) health care providers that provide WIC services to DC residents: Unity Health Care, Inc, Children's National Health System, Mary's Center for Maternal and Child Care, and Howard University Hospital. Each health care provider sponsors WIC clinic sites throughout the city.

Find a WIC site in the ward or quadrant nearest you: [WIC Clinic Locations](#) [PDF]

## Related Resources:

- [How WIC Helps](#)
- [FNS/USDA Program Data for WIC from 1974 to 2011.](#)
- [Apply for WIC](#)
- [Approved WIC Foods](#)
- [Approved WIC Food Stores and Pharmacies](#)
- [Breastfeeding Information and Support](#)
- [Community Relations](#)
- [Farmer's Market Nutrition Program](#)
- [Medical Documentation Form](#) [PDF]
- [Nutrition for the General Public](#)
- [Produce Plus Program](#)
- [Non-Discrimination Statement- English and Spanish](#)
- [Nutrition and Physical Fitness Bureau](#)
- [Vendor Management](#)
- [WIC Special Formulas](#) [PDF]

## Related Services:

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### [Nutrition and Physical Fitness](#)

**Service Contact:** Nutrition and Physical Fitness Bureau

**Contact Phone:** (202) 442-9397

**Contact Fax:** (202) 535-1710

**Contact TTY:** 711

**Contact Suite #:** 3rd Floor

**Office Hours:** Monday to Friday 8 am to 5 pm

## Related Content:

[Infants, Children, Teens and School Health](#)

[Pregnancy Services](#)

[Obesity](#)

[Cancer](#)

## Have You Heard About FitDC?

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Learn About [FitDC](#)

## Important Telephone Numbers

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Use our [DOH Service Telephone Directory](#) to view the telephone numbers for various DOH services.

## Free STD Testing

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The Southeast STD clinic provides free and confidential clinical services for persons 13 years of age and older.

## Project WISH

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Fight to end breast and cervical cancer mortality in the District.

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# Child Care Resources in D.C.

## Child Care Services Division

(202) 727-0284

<http://dhs.dc.gov/service/child-care-services>

The subsidized child care program helps low-income families pay for their child care fees. The amount of the child care subsidy is based on an assessment of need, income, and family size. Limited walk-in visits for new applicants are available on a “first come, first serve” basis Monday, Tuesday, and Wednesday, from 8:15 – 3:30. All other applicants need to schedule an appointment. Parents/guardians can search for child care through [www.mychildcaredc.com](http://www.mychildcaredc.com).

Residents of D.C. are also eligible to receive non-traditional child care subsidy payments through the Child Care Services Division. Non-Traditional Child Care is a service offered to parents whose work schedule is outside the standard hours of 7 A.M. to 6 P.M., Monday through Friday. Eligibility is based on the customer’s employment and/or training schedule. The parent/guardian must have original documentation that will verify their need for non-traditional child care based on a countable activity (school and/or work schedule). A listing of non-traditional child care providers who offer subsidized child care can be obtained by calling the Washington Child Development Council (WCDC), Resource and Referral Services at (202) 387-0002.

# Maryland Child Care Resources

## Maryland Family Network

410-659-7701

[www.mdchildcare.org/mdcfc/network/network.html](http://www.mdchildcare.org/mdcfc/network/network.html)

The Maryland Family Network (MFN) works to expand and enhance the early childhood education and child care services available in Maryland. Among other services, MFN helps parents find child care through MFN's computerized system "LOCATE: Child Care," which is available at <http://apps.marylandfamilynetwork.org/ajlogin/reg.asp>. The service can help parents identify specialized providers for children with special needs after they create an account.

## Prince George's County Department of Parks and Recreation

301-699-2255

<http://www.pg parks.com/page276.aspx>

Prince George's County Department of Parks and Recreation offers various child-care programming at affordable prices. The programs are licensed by, and operate under, the guidelines of the Maryland State Department of Education Office of Child Care.

## Prince George's Child Resource Center, Inc.

301-772-8420

<http://www.childresource.org/resources/>

Prince George's Child Resource Center provides referral services for parents to find licensed child care. The Center has special programs for teen parents, parents of children with special needs, and parents transitioning from public assistance to work.



## IMPORTANT INFORMATION AND FACTS ABOUT **CHILD CARE** THE CHILD CARE SUBSIDY PROGRAM

### **WHAT IS A CHILD CARE VOUCHER?**

The Child Care Subsidy Program (Child Care Voucher Program) helps eligible families who live in the District of Columbia pay for child care services. The program helps provide low-income, working families with access to quality, affordable child care that allows them to continue working and to contribute to the healthy, emotional and social development of the child. Families are required to cost-share on a sliding scale based on family size, income and number of children in care.

### **WHO CAN RECEIVE A VOUCHER?**

In addition to helping low-income, working families, the Child Care Assistance Program also serves:

- Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their Individual Responsibility Plans (IRP's);
- Teen parents seeking a high school degree or its equivalent; and/or
- Families not receiving TANF, who are pursuing additional education to improve their job opportunities.

### **HOW DO I APPLY FOR A VOUCHER?**

Customers requiring child care subsidy assistance should visit the Child Care Services Division. The office opens at 7:30 am and closes at 4:45 p.m. Limited walk-in visits for new applicants are on a “first come, first serve” basis: Monday, Tuesday, and Wednesday, from 8:15 am -3:30 pm. All other applicants are scheduled for an appointment Monday-Friday from 8:15 am-3:30 pm. The Child Care Services Division is located at 4001 South Capitol Street SW, Washington, DC 20032. You may call them at **202.727-.0284**.

### **WHO ELSE CAN HELP ME WITH THIS PROCESS?**

The DC Child Care Connections Resource and Referral Center (DC CCR&R) offers telephone and walk-in referral services for Parents/Guardians and Providers. **DC CCR&R** is located at CentroNia, 1420 Columbia Road, NW, Washington DC 20009. **DC CCR&R** has a resource library with books, articles, brochures, media support and learning kits for children and more. You may contact **DC CCR&R** by calling **202.862.1111**.

### **HOW DO I GET MORE INFORMATION THE CHILD CARE SUBSIDY PROGRAM?**

For more information about the Child Care,  
please call **202.727.00284**





# Is This The Right Place For My Child?

*38 Research-Based Indicators of Quality Child Care*



America's most trusted child care resource.



# Is This The Right Place For My Child?

*38 Research-Based Indicators of Quality Child Care*

### **Acknowledgements**

These indicators were created by building upon the Thirteen Indicators of Quality Child Care developed by Dr. Richard Fiene of The Pennsylvania State University.

### **About Child Care Aware®**

Child Care Aware® is a program of the National Association of Child Care Resource & Referral Agencies (NACCRRA). We are committed to helping parents find the best information on locating quality child care and child care resources in their community. Child Care Aware®, in partnership with local Child Care Resource and Referral Agencies, builds consumer awareness and supports families in making choices for the care and education of their children. Child Care Aware® is partly funded by the Office of Child Care (OCC), Administration for Children and Families (ACF), U.S. Department of Health and Human Services.

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# Is This The Right Place For My Child?

*38 Research-Based Indicators of Quality Child Care (Check List for Parents.)*



## *Choosing Child Care*

Choosing care for your child while you work or attend school is one of the most important decisions you will make as a parent. Unfortunately in most areas there isn't a "consumer report" on the best care available. The National Association of Child Care Resource & Referral Agencies (NACCRRA) through Child Care Aware®, helps parents find licensed care ([www.childcareaware.org](http://www.childcareaware.org)). Because licensing and regulations vary widely, parents need more information to make informed decisions. This guide helps parents understand how to better judge quality.

In addition, some states have quality rating systems to help parents with this decision. Parents can learn if their state has a quality rating system on the National Child Care Information Center website: [www.nccic.org/pubs/qrs-defsystems.html](http://www.nccic.org/pubs/qrs-defsystems.html).

The National Association for the Education of Young Children (NAEYC) provides a list of their accredited child care centers on their website, [www.naeyc.org](http://www.naeyc.org), as does the National Accreditation Commission (NAC) For Early Care and Education Programs, [www.naccp.org](http://www.naccp.org) and the National Early Childhood Program Accreditation (NECPA) [www.necpa.net](http://www.necpa.net). The National Association of Family Child Care (NAFCC) lists accredited family child care providers at [www.nafcc.org](http://www.nafcc.org). However, only a small percentage of child care programs in the United States are accredited by any organization or are part of a quality rating system.

After using these and other resources, parents should visit the programs they are considering. Included in this publication is a checklist parents can use to evaluate child care programs. This checklist is based on research on what is important to children's health, safety and development. Following the checklist are suggested ways to find the information you are seeking. Quality programs will want you to have all the information you need to choose the best child care for your child and family. NACCRRA produced this guide to help parents with their search for quality child care.

The Quality Indicators listed in this guide are based on research about what is important in order for children to be protected and well-cared for in a group child care setting. Each indicator is followed by a short explanation of why it is important. This is followed by what to look for and ask to learn if the program you are considering will be a safe, healthy and happy place for your child. The term “director” is used to refer to the person in charge of a child care center or the provider operating a family child care home. The term “program staff” is used to refer to individuals providing care in centers or family child care homes. It isn’t necessary to ask all of the questions or make all of the observations suggested; they are only provided as a resource to help you evaluate the programs you are considering for your child.

NACCRRRA, the National Association of Child Care Resource & Referral Agencies, is our nation’s leading voice for child care. We work with more than 600 state and local Child Care Resource and Referral agencies (CCR&Rs) to ensure that families in every community have access to quality, affordable child care. To achieve our mission, we lead projects that increase the quality and availability of child care, offer comprehensive training to child care professionals, undertake groundbreaking research, and advocate child care policies that positively impact the lives of children and families.





# Is This the Right Place For My Child?



*Will my Child be supervised? Are children watched at all times, including when they are sleeping?*<sup>15</sup>

If your child is supervised at all times he or she is less likely to be injured, as well as more likely to be engaged in activities that promote learning. It is especially important that caregivers check on infants while they are sleeping because of the risk of Sudden Infant Death Syndrome (SIDS). Also, if adults closely supervise children outdoors, children are less likely to be injured.

- Observe the program staff when the children are outdoors. Do the adults stay close to the children and intervene when children engage in risky activities?
- If possible, visit the program when children are resting or sleeping as well as when they are awake. During rest time are the children where the adults can see them? Do the adults check on the children frequently?

*Are adults warm and welcoming? Do they pay individual attention to each child?*

Children grow and learn when they feel cared about and comfortable. When adults pay attention to children they can respond to their individual needs, extend their learning, engage them in activities, and offer materials and information.

- Observe the adults.
- Do they smile and talk to you? Do they smile and talk to your child? How do they act with the other children?
- Do they interact with individual children as well as the group of children?
- Do they respond when children make requests?
- Do they offer materials and information to extend children's play?
- Do they encourage and support children's efforts?
- Do they comfort children who need comforted?

## Are positive guidance techniques used? Do adults avoid yelling, spanking, and other negative punishments?<sup>16</sup>

Children learn how to behave through adult example and encouragement. Positive guidance techniques include:

- Setting limits for the child. “Keep the paint on the paper.”
- Giving reasons for rules and limits. “If you eat lunch now you won’t be hungry later.”
- Changing something about the situation. For example, moving a breakable item out of a toddler’s reach.
- Ignoring behavior when it is appropriate to do so. For example, not responding when a child whines for something he or she wants.
- Redirecting the child’s behavior. “Ride your bike on the path, not on the grass.”
- Using consequences. “If you leave the paint out you won’t be able to use it tomorrow.”

Yelling, spanking, and other negative punishments provide a bad example for children and may harm the child in other ways.

- Ask the program director to see the program’s guidance policies. Look for prohibitions against negative punishments and examples of positive techniques such as those listed above.
- Observe the program staff to see what techniques they use when children misbehave. Watch for use of negative punishments (yelling, hitting, twisting arms, ridiculing, criticizing, threatening, etc.). Expect to see the positive techniques listed above.
- Ask the program staff, “What do you do when children don’t follow the rules?” and “What do you do when children misbehave?” and “How are children punished when they don’t behave?”
- Ask the program staff, “How is time out used?” Expect to hear that time out is used to help children relax, not as a punishment.

Are the caregiver/teacher-to-child ratios appropriate and do they follow these recommended guidelines:

- One caregiver per three or four infants?
- One caregiver per three or four young toddlers?
- One caregiver per four to six older toddlers?
- One caregiver per six to nine preschoolers?<sup>19</sup>

When each adult is responsible for fewer children, your child can be provided with more one-on-one attention. Attention is crucial to your child’s social and emotional development. It also helps adults get to know your child and plan activities based on his or her learning needs and interests. (In some states, programs are allowed to have each adult care for more children while the children are asleep or resting.)

Ask the program director, “How many children is each adult responsible for?” Compare his or her answer to the information above.

- Observe to see how many children each adult is providing care for during the day.

## Is the number of children in each group limited? In family child care homes and centers, children are in groups of no more than:<sup>\*\*</sup>

- Six to eight infants
- Six to 12 younger toddlers
- Eight to 12 older toddlers
- Twelve to 20 preschoolers
- Twenty to 24 school-age children<sup>20</sup>

Small group sizes ensure your child will receive one-on-one attention and is part of a group that is easier to manage. Small group sizes are particularly important for young children who need more individual attention and can become overwhelmed in large groups.

- Ask the program director how many children are in each group. Compare the answers to the information above.
- Observe to see the size of the groups in which children receive care. Compare the group sizes to the information above.
- If the group in which your child will receive care includes one or more children with special needs, look to see if the program has adjusted the number of children in the group so that all of the children’s needs are met.

## Have the adults been trained to care for children?

### If a center

- Does the director . . . or have a degree and some experience in caring for children?<sup>26</sup>



- Do the teachers each have a credential<sup>\*\*\*</sup> or associate degree and experience in caring for children?<sup>27/28/29</sup>

#### **If a family child care home**

- Has the provider had specific training on children's development and experience caring for children?<sup>30</sup>

Staff education is the best predictor of the quality of an early childhood program. Adults with training in early childhood education provide higher quality programs for your child, implement more appropriate activities, and do a better job of preparing your child for school.

Managing a child care program is a challenging task that requires both early childhood and business management knowledge. Experience putting this knowledge to work enhances the child care program's quality.

Experience helps adults gain knowledge of early childhood programs and effective strategies for caring for and educating your child. Experience, combined with training and education, increases the quality of early childhood programs.

- Ask the center director, "Do you have a college degree?" and "What field is your degree in?" Listen for early childhood education, child development or a related field.
- Ask the center director, "How much experience do you have managing a child care program?"

- Ask the center director, "How many staff members do you have? How many of them have a degree in early childhood education or a related field? How many of them have an associate degree in early childhood education or a related field? How many of them have their CDA (Child Development Associate credential)?"
- Ask the family child care provider, "How much training have you had in early childhood education? Did the training include information on the development of children's social and emotional behavior, thinking, and language?" and "How many years of experience do you have providing child care?"

#### *Is there always someone present who has current CPR and first-aid training?*<sup>32</sup>

If adults are trained in emergency first aid and infant/toddler CPR they will know how to handle medical emergencies and react appropriately in case your child has a medical emergency.

- Ask the program director, "Who in the program has current certification in CPR and first aid?" and "Is there always someone on duty in the program with current certification in CPR and first aid?"
- Check the program's job descriptions to find out if certification in CPR and first aid are required.



- Ask to see copies of the program staff's or provider's first aid and CPR cards.

### *Are the adults continuing to receive training on caring for children?*<sup>33</sup>

If the adults caring for your child continue to receive training, they will know new information about how to protect your child's health and safety, for example, how to reduce the incidence of Sudden Infant Death Syndrome (SIDS). They will also know how to promote children's development, for example, the newest research on how children learn to read and write.

- Ask the program staff, "When was the last time you attended training on early childhood education?"
- Ask the program director, "Are staff required to attend training each year?" and "Are staff funded to attend training each year?"
- Review the program's annual training plan to find out how much training staff members or providers receive each year.

### *Have the adults been trained on child abuse prevention and how to report suspected child abuse?*<sup>13</sup>

Caregivers who are trained in identifying and reporting child abuse will know how to respond if they suspect a child has been mistreated.

- Ask the program staff, "Have you been trained on how to identify and report child abuse?" and "If you suspect a child has been abused, who would you report it to?"
- Ask the program director, "Are the staff and volunteers trained on how to identify and report child abuse?" and "What is included in this training?"

### *Will my child be able to grow and learn? For children age 3 and older, are there specific areas for different kinds of play (books, blocks, puzzles, art materials, etc.)?*<sup>21</sup>

Your child will learn different concepts and skills in different interest areas (blocks, books, puzzles, art materials, music, science and math). Interest areas that are organized and orderly will help your child make choices about what to play with and where to put materials away. The areas may have different names such as library (instead of books), manipulatives (instead of puzzles), construction (instead of blocks), etc. In a family child care home the areas may be set up each day or left permanently in place.

- Look to see there are areas with different kinds of toys and materials. Expect to see an area with books, art materials, blocks and other construction toys such as trucks, and puzzles and other small manipulatives such as Legos. You may also see a science and math area and a music area.
- Check to see if the areas include a variety of toys and other materials.

- Ask the program staff, “How often do you add new materials to the areas or rotate the materials in the areas?” Expect new or different materials will be added at least monthly.
- In a family child care home, look to see that infants and toddlers are protected from small items that could cause choking.

*For infants and toddlers, are there toys that “do something” when the child plays with them?*<sup>41</sup>

Infants are interested in looking at toys, touching them with their hands and mouth, fitting pieces of things together, and making sense of their world.

Infants need bright-colored toys of many textures. They need toys to look at, feel, chew on, hold, and drop. As they begin to walk or crawl they enjoy push-pull toys and balls.

In the second year of life, toddlers have the physical skills that make it easier for them to play and learn. Busy toddlers need toys for physical play – walking, climbing, pushing and riding – and ones that encourage experimentation and manipulation.

#### **For infants, look to see if the program has:**

- Balls
- Grasping toys
- Stacking and nesting toys
- Toys to look at, feel, and chew on

#### **For toddlers, look to see if the program has:**

- Equipment for climbing
- Riding toys
- Balls
- Large interlocking blocks and puzzles
- Water and sand for sensory play

*Is the play space organized and are materials easy to use? Are materials available at all times?*<sup>21</sup>

If the play areas are organized and orderly your child will be able to make choices about what materials to play with and will be able to put toys away after playing with them.

#### **Look for:**

- Materials organized by type (blocks, puzzles, dolls, art materials, dress-up clothes, etc.).
- Spaces and containers labeled with a picture or drawing of the materials.
- Overall organization. If you were a child wanting to play dress-up or wanting to do a puzzle, would you know where to look?
- Accessibility. Are some materials available at all times and easy for children to reach?

*Are there daily or weekly activity plans available? Are there planned experiences for the children to enjoy? Will the activities help children learn?*<sup>22</sup>

Children benefit when adults plan activities for them. If the daily activities reflect your child’s interests and needs it increases the likelihood your child will benefit

from the experiences. He or she will also benefit more if the activities are ones they enjoy and are planned to help them learn and develop. If the program plans a variety of activities it increases the potential that all of the children’s needs will be met.

- Ask to see the program’s daily or weekly plans. Check to see if the plans include a variety of activities – art, music, outdoor play, reading, dramatic play, science, and math.
- Ask the program director, “Do you have a planned curriculum? If so, what is it?”
- Look to see if the children seem to be enjoying the activities that are being offered and are actively engaged in them.
- Ask the program staff, “How do you decide which activities to offer?” Expect to hear the activities are based on the children’s interests and needs.

*Do the adults talk with children during the day? Do they engage them in conversation? Do they ask questions, when appropriate?*

Adults can help promote children’s language development by talking with them during the day. Research has shown that early exposure to language leads to greater language skills as children grow older. The more caregivers and parents talk to children

while they are caring for and playing with them, the more effectively children will learn to communicate.

Observe the adults with the children:

- Do they talk with babies and toddlers while they are handling daily routines?
- Do they turn babies' sounds into words?
- Do they provide words to help children label things?
- Do they encourage toddlers to use words?
- Do they add words to expand children's vocabulary?
- Do they engage preschoolers and older children in conversations?
- Do they avoid asking older children questions to which the adult already knows the answer?

### *Do the adults read to children at least twice a day or encourage them to read, if they can read?*

Reading aloud provides children with sounds to imitate and helps them develop phonemic awareness (the ability to hear sounds) – an important prereading skill. Reading also helps build children's vocabulary and increases their understanding of feelings, objects, and events. When adults read to them, children get the message that reading is important. A child's reading skills are important for success in school and life.

- Ask the program staff, "How often do you read to the children?" Expect to hear "at least twice day" or more. Sometimes programs read books but don't include it on the schedule.
- Look around for children's books. If few or no books are available, it may be a sign that reading is not valued by the program.

### *Is this a safe and healthy place for my child? Do adults and children wash their hands (before eating or handling food and after using the bathroom, changing diapers, touching bodily fluids, or eating)?<sup>4</sup>*

Germs can be passed easily from child to child. Washing hands often and well reduces the chance that germs will be passed along and that your child will get sick.

- Observe the adults. Do they wash the children's hands and their hands after using the bathroom, changing diapers, before serving foods, after handling animals, etc.?
- Are handwashing signs posted in center bathrooms?
- Are the supplies (water, soap, paper towels) needed for handwashing near sinks and diaper-changing areas?
- Ask the program staff "When do you wash your hands during the day?" and "When do you wash the children's hands?"

### *Are the diaper-changing surfaces cleaned and sanitized after each use?<sup>5</sup>*

Germs can be passed easily among children, particularly at the diaper-changing table. Cleaning and disinfecting the diaper-changing surface after each change reduces the chance that germs will be transmitted and your child will get sick.

- Observe the adults. Do they clean and sanitize the diaper-changing surface with a bleach water solution and a disposable towel after changing each child?
- Is the surface used for changing diapers easy to sanitize? Couches, beds, etc., cannot be easily sanitized.
- Are the supplies (bleach water solution/paper towels) needed to clean and sanitize the diaper-changing table located near the area, but not where children can reach them?
- Ask the program staff, "What procedures do you follow during diaper changing to keep children healthy?" Listen for evidence that they sanitize the diaper-changing surface.

### *Do all the children enrolled have the required immunizations?<sup>6</sup>*

Children who are up-to-date on their immunizations are less likely to get or pass along diseases. When all the children in a program are healthy this reduces the risk of your child getting sick.

- Ask the program staff, "Which immunizations do you require children to have?"
- Check to be sure that the program requires children to have the immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). If you want to know what those immunizations are, look on this website: [http://www.cdc.gov/nip/recs/child\\_sched\\_pocket\\_fold.pdf](http://www.cdc.gov/nip/recs/child_sched_pocket_fold.pdf).



- Ask the program staff, “How does the program keep track of whether or not children have the required immunizations?”

### *Are medicines labeled and out of children's reach?*<sup>7</sup>

This will help your child receive the right medication at the right time in the right amount and prevent your child from receiving someone else's medication by accident. Children can be harmed by ingesting other children's medications or too much of any medication.

### *Are adults trained to give medicines and keep records of medications?*<sup>7</sup>

Caregivers should be trained in how to read labels on medicines and how to give medicine to children. This will help ensure your child receives medicines when needed and does not receive medicines that are not needed. Children can be harmed by ingesting other children's medications or too much of any medication.

- Ask the program director, “Does the staff receive training on giving medicines?”
- Ask the program staff, “Do you give prescription medicines?” and “Do you require a doctor's directions to give prescription medicines?” and “Do you give non-prescription medicines?” and “Do you require a parent's approval to give non-prescription medicines?”
- Observe to see if staff members make a written record when they give a child a medicine.

### *Are cleaning supplies and other poisonous materials locked up, out of children's reach?*<sup>8</sup>

Accidental poisoning is a leading cause of injury and death among young children. Many cleaning supplies are poisonous when ingested in any amount. Storing all hazardous substances out of reach will ensure your child is not harmed.

- Observe where cleaning supplies and other poisonous materials are stored. Are they stored where children cannot reach them?
- Check to see if the janitor's closets are locked. Most of them contain supplies that would be dangerous to children.
- Look to see that cleaning supplies and food are not stored together. Storing food and cleaning supplies together can result in accidental poisoning.
- Ask the program staff, especially the janitor and cooks, “How do you keep children away from poisonous materials?”

### *Is there a plan to follow if a child is injured, sick or lost?*<sup>9</sup>

Child care programs with emergency plans respond better when an emergency arises. The program should have information on each child in care so the parents or another trusted individual can be contacted if a child becomes injured, sick or lost. The staff should be trained on how to contact emergency medical services and the police.

- Ask the program staff, “What would you do if my child was injured or became ill?” Expect to hear they would contact you and know how to contact emergency medical services.
- Ask the program staff, “What would you do if my child was missing?” Expect to hear they would contact the police immediately before starting to search and contacting you.
- Be sure the program has a phone. Check near the phones to see if the numbers for fire, police, and emergency medical services are listed.
- Ask the program director, “What information do you collect so you are prepared to handle emergencies involving my child?” Expect to hear they collect your home, cell, and work phone numbers and backup phone numbers from other people you would trust to make decisions about your child.

### *Are first-aid kits readily available?*<sup>10</sup>

If your child gets hurt, having first-aid supplies nearby will ensure he or she gets basic medical attention more quickly.

- Ask to see the program’s first-aid kit. Some programs keep a kit in each room; some have a kit in the office.
- Check to see if the kit contains items such as first-aid instructions, disposable, non-porous gloves, soap or hydrogen peroxide, tweezers, bandage tape, sterile gauze, scissors, a baby-safe thermometer.

### *Is there a plan for responding to disasters (fire, flood, etc.)?*<sup>11</sup>

An emergency plan that is practiced regularly will increase the likelihood caregivers and children will act appropriately in an emergency. Programs should have an emergency plan and the staff and children should practice it regularly.

The plan should be practiced during different times of the day, especially when children are sleeping, eating, and outside. The program’s plan should include what to do during the types of disasters (hurricanes, tornadoes, winter storms, etc.) most often experienced in the area, as well as terrorist attacks.

- Ask the program staff, “What would you do if there was a fire?” Expect to hear that they would evacuate the children from the facility and then call 9-1-1.
- Look to see if there are two ways out of most areas. Check to see the paths to exit the facility in an emergency are posted in each room in a center and at least one place in a family child care home.

- Ask the program director to see the program’s emergency plan. Check to see if it includes information on the types of weather events experienced in the area.
- Ask the program staff, “Do you practice for emergencies like a fire?” and “How often do you involve the children in these practices?” and “What types of weather events are you prepared for?”
- Ask the program staff, “What would you do if there was a terrorist attack?”

### *Has a satisfactory criminal history background check been conducted on each adult present?* *Was the check based on fingerprints?*<sup>14</sup>

Having adults with favorable background checks helps ensure people with criminal backgrounds are not caring for your child, reducing the risk of child abuse. These checks are more valid if they are based on fingerprints. Sometimes these checks take some time to be processed; adults who have not had their background check returned should always be closely supervised by someone who has been cleared. Checks should be completed on all adults who have contact with children including bus drivers, janitors, clerks, etc.

- Ask the program director, “Is a criminal history background check conducted on all staff and volunteers and adult family members (if a family child care home)?” and “Are the checks based on fingerprints?”
- Ask the program director, “Are adults allowed to be alone with children while you are waiting for their background check to be completed?” and “How will you ensure my child will not be alone with someone without a completed background check?”
- Ask the program director, “Are there any adults around the program who have been arrested or convicted of a crime involving violence or children?”

### *Have all the adults who are left alone with children had background and criminal screenings?*<sup>13</sup>

The rare occasions when abuse occurs in child care centers typically happen when caregivers are left alone with children. Making sure center caregivers can be seen at all times greatly reduces this risk. In family child care homes the provider often will be alone with the children. The greater risk in homes is when other family members or visitors are left alone with children.

- In centers, look to see that at least two adults are with each group of children most of the time.

- Ask the program director, “What precautions do you take to reduce the potential for child abuse in your program?” Expect to hear that the program avoids having one adult alone with children whenever possible.
- In family child care homes, ask the provider, “Will my child ever be left alone with your family members or guests?” Expect to hear this would only occur in an emergency or if a family member is an approved and trained substitute.
- Check the playground equipment. Is it the right size for your child? Does it have impact-altering materials under it? Are the materials 9 to 12 inches deep? Are the materials still in place where the slide ends, where children drag their feet when swinging, and in other high-use areas?
- Ask the program director, “How often is the outdoor area and equipment checked?” and “When is the cushioning material under the outdoor equipment replenished?”

## Is the outdoor play area a safe place for children to play?

- Is it checked each morning for hazards before children use it?<sup>23</sup>
- Is the equipment the right size and type for the age of the children who use it?<sup>24</sup>
- Is the outdoor area surrounded by a fence or other barrier at least 4 feet tall if there is traffic or there are other hazards nearby?<sup>25</sup>
- Is the equipment in good condition?<sup>39</sup>
- Is the equipment placed on mulch, sand, or rubber mats?<sup>23</sup>

The most common place for children to be injured is on the playground or yard.

If there is traffic or there are other hazards near the outdoor area there should be a barrier at least 4 feet high surrounding the area. The barrier could be a fence, hedge, or other protection.

If the outdoor area is checked daily for broken glass, metal pieces, etc., cuts and other injuries can be avoided. Children can also be injured if the play equipment is broken or splintered or missing important parts.

Most injuries on playgrounds occur when children fall. Children can get hurt if they fall from play equipment that is too high or has handholds, steps or other parts that are too big for them. Having soft surfaces under play equipment cushions the child's fall. The materials used to cushion children's falls should be 9 to 12 inches deep.

- Walk around the outdoor area; look for broken glass, metal pieces, or other debris that could injure a child. Check the equipment for missing or broken parts that could result in children falling. If there is traffic or there are other hazards nearby, is there a fence or other barrier to protect children from injury? Is the barrier high enough to keep children inside?

## Is the program set up to promote quality? Does the program have the highest level of licensing offered by the state?<sup>42</sup>

Some states offer different approval levels for child care programs. For example, family child care programs may be registered or licensed. In some states, if the family child care provider is a relative of the children in care or cares for fewer than a specific number of children, he or she is not required to be registered or licensed.

If a child care program chooses to be licensed, even if not required to be, this may indicate the program is interested in providing good care for your child. Some states have a quality rating system for child care programs and rate programs based on various quality criteria. If the program has earned a high rating in the state's quality rating system this is usually an indication that the program is providing quality child care.

- Ask the program director, “Is this program licensed by the state?” If it isn't licensed ask, “Why isn't it licensed?” If the answer is that the program isn't required to be licensed, ask “Have you considered becoming licensed anyway?”
- Ask the program director, “Has this program received the highest quality rating given by the state?” If the answer is “no,” ask “Why didn't the program receive the highest quality rating?” The answer may be that the state doesn't offer quality ratings.

## Are there written personnel policies and job descriptions?<sup>17</sup>

Written personnel policies and job descriptions reflect a program's professionalism and expectations of staff. Written policies also help staff know what is expected of them, resulting in programs running more effectively.

- Ask to see a center's personnel policies and job descriptions for staff.
- In a family child care home, ask to see the personnel policies and job descriptions for any assistants and substitutes.

## Are parents and staff asked to evaluate the program?<sup>37</sup>

Child care programs should regularly seek ways to improve the quality of the care they offer. Asking parents and staff for feedback and using the results to make improvements shows the program is responsive to your and other parents' input.

- Ask the program director, "Do you ask the parents how the program could be improved?" and "Do you ask the staff how the program should be improved?"
- Ask the program staff, "Are you asked to provide input on how the program could be improved?"
- Ask other parents, "Are you asked to provide input on how well the program is doing?"
- Ask to see the results of any surveys parents and staff have been asked to complete.

## Are staff evaluated each year; do providers do a self-assessment?<sup>18</sup>

Annual evaluations provide feedback to staff on their performance and provide an opportunity for staff to identify areas of strength and areas for improvement.

This feedback can improve job performance, enhancing the overall operation of the program.

- Ask the program director, "Are staff evaluated each year?" and "Are the results of staff evaluations shared with the individual staff members?"
- Ask family child care providers, "Do you do a self-assessment each year?" and "How do you use the results of the self-assessment?"
- Ask program staff, "Are you evaluated each year?" and "Are the results of your annual evaluation shared with you?"

## Is there a written annual training plan for staff professional development?<sup>33</sup>

A written training plan individualized for each staff member or provider helps adults get the training they need to do the best job possible of educating and caring for your child.

- Ask to see the center's training plan for staff professional development. Check to see that staff members are provided opportunities to continue to learn about how to help children develop and learn.

- Ask the family child care provider to see his or her training plan for the year. Check to see that he or she plans to participate in training on how to help children develop and learn.
- Ask program staff, "Is there a written annual training plan for professional development?" and "Is the plan followed?"

## Is the program evaluated each year by someone outside the program?<sup>38</sup>

Having an outside "pair of eyes" look at the child care program each year helps ensure it will be a good place for your child. Someone who is not in the program every day can spot health or safety hazards missed by those who are there every day. Outside evaluators can also offer suggestions on how to improve the program and make it a better place for children to grow and learn.

- Ask the program director, "How often are you inspected by the state?" and "Are you visited by any other outside group?"
- If the program has been inspected in the last year, ask "What were the results of your latest inspection?"

## Is the program accredited by a national organization?<sup>36</sup>

National accreditation is a process that typically requires self-study, feedback from families, and a validation visit by an outside organization. Participating in this process increases program quality. The stamp of approval of an outside organization means the program has received feedback on its performance by an outside entity. Accrediting agencies include the National Association for the Education of Young Children, National Association for Family Child Care, National After School Association, National Early Childhood Program Accreditation and National Accreditation Commission for Early Care and Education Programs.

- Ask the program director, "Is this program accredited?" If the program is not accredited, ask "Why hasn't the program sought accreditation?" and "Does the program plan to become accredited?"
- Look for a certificate or other display indicating that the program is accredited.

## Does the program work with parents? Will I be welcome any time my child is in care?<sup>1</sup>

As a parent you should always feel welcome in the program. You should always have access to your children and where they are receiving care at any time. Programs may recommend that you not visit during rest time or other specific times, but you should be able to visit during those times if you choose to do so.

- Ask the program director, “Will I be able to visit the program at all times?”
- Ask other parents, “Are you able to visit the program whenever you want to?”

## Is parents' feedback sought and used in making program improvements?<sup>1</sup>

Your input should be welcome. Programs have the needs of many different families to balance, but you should always feel listened to and encouraged to express your opinions.

- Ask other parents, “Is parent input asked for and accepted?”
- Ask the program director, “How does the program get input from parents?” and “What are some examples of changes that have been made based on parent input?”

## Will I be given a copy of the program's policies?<sup>2</sup>

Well-managed programs operate using a set of policies and procedures. This information may be made available to parents in a parent handbook. This usually means the program has thought through the needs and interests of parents and will be more responsive to their needs.

- Ask to see a copy of the program's policies.
- Ask for a copy of the program's parent handbook.
- Ask parents, “Have you been given a copy of the program's policies?”
- As the program director, “Will I be given a copy of the program's policies?”

## Are annual conferences held with parents? Are parents involved in other ways?<sup>30</sup>

Parent conferences allow you to visit with your child's teacher or caregiver in a focused way to talk about your child's development and progress, and to share goals. These conferences can be invaluable for establishing relationships and developing shared plans for educating and caring for your child. Staff and providers should talk with parents about their child's day and how to ease transitions between home and child care and child care and school.

- Ask the program director, “Are parent conferences held?” and “How often?”
- Ask the program staff, “Do you have planned conferences with parents?”
- Ask other parents, “Are annual conferences held with parents?”
- Ask the program director, “How will the person caring for my child keep me informed about my child's day?”
- Ask the program director, “What will the program do to help my child adjust to child care?” and “What will the program do to help my child transition to school?”

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For Additional Resources or help finding your local  
Child Care Resource and Referral Agency Call toll-free:

1-800-424-2246 | TTY: 866-278-9428 | [www.ChildCareAware.org](http://www.ChildCareAware.org)

National Association of Child Care Resource & Referral Agencies  
1515 N. Courthouse Road, 11th Floor, Arlington, VA 22201  
Phone (703) 341-4100 Fax (703) 341-4101 | [www.naccrra.org](http://www.naccrra.org) | #1207-0727 | #121

# Early Learning Resources

## Division of Early Learning

(202) 727-6436

<http://osse.dc.gov/service/early-learning>

The Division of Early Learning (DEL), run by the Office of the State Superintendent of Education (OSSE), provides leadership and coordination to ensure that all D.C. children, from birth through entrance into kindergarten, have access to high quality early childhood development programs and are well-prepared for school. D.C. provides child care services to children ages 6 weeks to 12 years. Children with disabilities can receive services through age 18. D.C. also provides free pre-kindergarten programs and early identification and information services, including Strong Start D.C. Early Intervention Program, Early Stages, and Head Start. More information about these programs can be found on the OSSE website as well as through Learn DC at [www.learnDC.org/earlychildhood](http://www.learnDC.org/earlychildhood).

## The Family Place

(202) 265-0149

[www.thefamilyplacedc.org](http://www.thefamilyplacedc.org)

The Family Place offers the HIPPY Home Visiting Program, a 30-week home visit program for parents with children ages 3 to 5. The program follows a 30 week curriculum with weekly educational materials and activities provided to parents for use with their children. The program is offered completely in Spanish.



## What is Early Stages?

Early Stages is a DC Public Schools diagnostic center for children between the ages of 2 years 8 months and 5 years 10 months. We help identify any delays that your child may have and we arrange services to address them.

We can serve any child who goes to a DC public school, is home-schooled or has not yet entered the school system. Please call us if your child attends a charter school. We will help you find the right person to talk to. If your child is in a DC private school or in a DC childcare center, we can work with you, even if you live outside of DC. All of our services are **FREE**.

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## When should I call Early Stages?

If you are concerned about how your child is walking, talking, playing, learning, or behaving, don't wait to see if they will grow out of it. The experts at our family-friendly center will work with you to identify your child's strengths as well as areas where they might need extra help. The first five years of a child's life are the most important to their development. The earlier a child receives services, the more likely it is that their needs will be reduced or even eliminated as they get older.

## What services can Early Stages provide?

All children referred to Early Stages receive a developmental screening. If necessary, your child will receive a more in-depth evaluation and services. Some of the services that Early Stages can recommend include specialized instruction, speech/language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

## What happens if my child needs an evaluation?

Your family is assigned a Family Care Coordinator, who will walk you through our process from start to finish. They will contact you before the evaluation to make sure you understand the process and what will happen. On the day of your visit, your child will work with a team of specialists who will use play activities to evaluate your child. They will take the time to help your child feel comfortable and you will be able to watch the entire evaluation.





### Who decides what services my child will receive?

You and members of the evaluation staff will make all decisions together as a team. You may also invite other people you want involved. This team determines what services your child may need and the right school site at which to receive them. The Family Care Coordinator will work with the placement specialist to determine which school will best support your child's needs, and will make sure all the paperwork gets to the school.



### Where are the Early Stages Centers?

The Early Stages Center at Walker Jones Education Campus is located at 1125 New Jersey Avenue NW. The 96 bus stops right in front, and the nearest Metrorail stops are Union Station on the red line and Mt. Vernon Square-7th Street Convention Center on the green and yellow lines. Free 3 hour street parking is available on a first-come, first-served basis.

The Early Stages Center at Minnesota Avenue is located at 4058 Minnesota Avenue NE. The center is right next to the Minnesota Avenue Metrorail station on the orange line, which is served by several bus routes. Parking is available in the neighborhood and in the Metro parking lot (this requires a SmarTrip card).

### How does a family get started with Early Stages?

1. You can contact the center directly.
2. A child care provider, teacher, doctor, or other professional who knows your child may contact the center with a concern. In these cases, we will contact you. We can only begin the process with your permission.

### What is the best way to contact Early Stages?

The best way is the way that is easiest for you!

- Phone: 202-698-8037
- Fax: 202-654-6079
- Email: [referral@earlystagesdc.org](mailto:referral@earlystagesdc.org)
- Online Form: [www.earlystagesdc.org](http://www.earlystagesdc.org)
- Or stop by one of our centers in person

If your child is younger than 2 years 8 months, please contact Strong Start, the DC Early Intervention Program, at (202) 727-3665.



1125 New Jersey Avenue NW  
Washington, DC 20001  
phone: 202-698-8037  
fax: 202-654-6079





## ¿Qué es Early Stages?

Early Stages (“Etapas Tempranas”) es un centro de evaluaciones del desarrollo que evalúa a los niños q’ tienen entre 2 años y 8 meses hasta los 5 años y 10 meses de edad. Early Stages pertenece a las Escuelas Públicas del Distrito de Columbia (DCPS, en inglés). Podemos ayudar a identificar cualquier retraso que tenga su niño/a y le ayudamos a conseguir los servicios que necesite.

Damos servicios a niños que asisten a las escuelas públicas del Distrito de Columbia, a niños que reciben educación solamente en el hogar, o a los que aún no van a la escuela. Llámenos si su niño/a asiste a una escuela chárter. Le ayudaremos a encontrar a alguien que lo pueda ayudar. Si su niño asiste a una escuela privada o a una guardería en DC, podemos trabajar con usted, aún si vive fuera de DC. Todos nuestros servicios son **GRATUITOS**.



## ¿Cuándo debo llamar a Early Stages?

Si le preocupa el modo en que su hijo/a camina, habla, juega, aprende ó y se comporta, no espere a que el tiempo normalice las cosas. Los expertos en nuestro centro trabajarán con usted para identificar las áreas en que sobresale su niño así como las áreas en que podría necesitar ayuda adicional. Los primeros 5 años de la vida de un niño son los más importantes para su desarrollo. Entre más temprano reciba servicios, mejor.

## ¿Qué servicios puede dar Early Stages?

Todos los niños que vienen a Early Stages reciben un examen de desarrollo preliminar. Si se considera necesario, su hijo/a recibirá una evaluación y servicios más completos. Early Stages puede recomendar varios servicios como educación especializada, terapia del habla/lenguaje, terapia física, terapia ocupacional, servicios psicológicos y servicios de apoyo del comportamiento.

## ¿Qué sucede si mi niño necesita una evaluación?

Se le asigna a su familia un/a Coordinador/a del Cuidado de la Familia quien le servirá de guía durante nuestro proceso de principio a fin. Se comunicarán con usted antes de la evaluación para asegurarse que usted entienda el proceso y todo lo que va a pasar. El día de su visita, su niño trabajará con un equipo de especialistas que harán una evaluación usando actividades de juego. Los especialistas usarán el tiempo necesario para que su hijo se sienta cómodo. Usted también podrá observar toda la evaluación.



## ¿Quién decide qué servicios recibirá mi niño/a?

Usted y los miembros del personal de evaluación harán las decisiones conjuntamente como equipo. Usted también puede invitar a otras personas a que participen. Este equipo decidirá los servicios que su niño podría necesitar y la escuela en que recibirá dichos servicios. La Coordinadora del Cuidado de la Familia trabajará en colaboración con el especialista de colocación para encontrar la escuela más apropiada para su niño y se asegurará de que la escuela reciba todos los documentos de su niño.

## ¿Dónde se encuentran los Centros de Early Stages?

La oficina principal de Early Stages está ubicada en el 1125 New Jersey Avenue NW, en la escuela Walker Jones. El autobús 96 para frente a la escuela y las paradas más cercanas del metro (Metrorail) son Union Station, sobre la línea roja, y Mt. Vernon Square-7th Street Convention Center, sobre las líneas verde y amarilla. Hay estacionamiento gratis disponible por tres horas según el orden de llegada.

El segundo Centro de Early Stages está localizado en el 4058 Minnesota Avenue NE. El centro está justo al lado de la estación del metro (Metrorail) de Minnesota Avenue sobre la línea naranja, la cual cuenta con varias rutas de autobuses. Hay estacionamiento disponible en el vecindario y en el estacionamiento del Metro (para estacionarse aquí usted necesita la tarjeta SmarTrip).

## ¿Cómo puede una familia comenzar el proceso con Early Stages?

1. Puede comunicarse directamente con el centro.

2. Cualquier persona encargada del cuidado de niños, cualquier maestro, médico o cualquier otro profesional que conozca a su niño puede comunicarse con el centro si tiene una preocupación. En ese caso, nosotros nos pondremos en contacto con usted. Solo podemos iniciar el proceso con su permiso.

## ¿Cuál es la mejor manera de comunicarse con Early Stages?

¡La mejor manera es la que sea más fácil para usted!

- Teléfono: 202-698-8037
- Fax: 202-654-6079
- Correo electrónico: [referral@earlystagesdc.org](mailto:referral@earlystagesdc.org)
- Internet: [www.earlystagesdc.org](http://www.earlystagesdc.org)
- O pase personalmente por uno de nuestros centros

Si su niño/a es menor de 2 años y 8 meses de edad, comuníquese con Strong Start, el Programa de Intervención Temprana del DC, al (202) 727-3665.



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# What can I do to support my child's development?

Listed below are activities in the five main areas of development. Try to make each activity more difficult as your child grows older or gets better at that skill.



### COMMUNICATION

- **Play "I Spy."** Give clues about an object you see in the room and ask your child to guess what it is.
- **Use parallel talk.** Describe what your child is doing, seeing or feeling, such as "you're throwing the ball."



### GROSS MOTOR

- **Take your child to the playground.** Practice climbing up the slide and sliding down or play hopscotch together.
- **Play "Simon Says."** Give your child directions such as "Simon says walk on your tiptoes" or "Simon says skip across the room."



### FINE MOTOR

- **Draw shapes with a pencil or crayon.** Ask your child to draw the shapes next to yours without tracing.
- **Teach your child how to use child-safe scissors.** Show him or her how to make the blades go up and down. Practice cutting straight lines and shapes.



### PROBLEM SOLVING

- **Place objects of different sizes and textures in a grab bag.** Let your child feel the objects without looking. Ask him or her to guess what each object is.
- **Plan a treasure hunt.** Draw a map or give your child clues about how to find an object hidden in the room.



### PERSONAL SOCIAL

- **Play dress-up or make-believe.** Children can use action-figures, puppets or dolls to act out different scenes.
- **Let your child help at mealtimes.** They can practice pouring milk or juice into a cup or using a spoon to scoop food onto their own plate.



# CHILD DEVELOPMENTAL MILESTONES

[www.earlystagesdc.org](http://www.earlystagesdc.org)



## What are developmental milestones?

As children grow, they develop specific abilities, like walking up stairs or recognizing colors. These are called developmental milestones. An active child will develop physical skills more quickly. A shy child may be slower to develop speech. Both of these situations can be perfectly normal. So instead of asking whether your child is normal, you may find it more helpful to ask whether your child has reached specific developmental milestones.

The following pages list several important milestones grouped by the age at which most children reach them. By learning when children usually develop certain abilities, parents and caregivers can understand when a child is doing fine and when a child may need more help.

### When should I call Early Stages?

The earlier a child receives services, the more likely it is that their needs will be reduced or even eliminated as they get older. If you are concerned about how your child is walking, talking, playing, learning, or behaving, trust your instincts and contact us. Children referred to Early Stages receive a developmental screening. If necessary, your child will receive a more in-depth evaluation.

Some of the services that Early Stages can recommend include specialized instruction, speech/language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services. All of our services are **free**.

• **For children between the ages of 2 years 8 months and 5 years 10 months, call Early Stages at 202-698-8037 or visit our website at [www.earlystagesdc.org](http://www.earlystagesdc.org).**

• **For children under 2 years 8 months, call Strong Start, the DC Early Intervention Program, at 202-727-3665.**



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By the end of their **THIRD MONTH**, most babies:

- Lift head and chest when lying on stomach
- Hold upper body up with arms when lying on stomach
- Kick legs
- Open and shut hands
- Bring hands to mouth
- Grab and shake toys
- Watch moving objects
- Watch faces closely
- Recognize familiar objects and people
- Start using hands and eyes together
- Begin to babble and to imitate some sounds
- Smile when they hear their parents' voices
- Enjoy playing with other people
- May cry when playing stops<sup>1</sup>

3 months



By the end of their **SEVENTH MONTH**, most babies:

- Roll over stomach to back and back to stomach
- Sit up
- Reach for objects
- Move objects from one hand to the other
- Support weight on legs when held up
- See in color
- See at a distance
- Use voice to express feelings
- Respond to own name
- Babble
- Understand emotions by tone of voice
- Explore objects with hands and mouth
- Struggle to get objects that are out of reach
- Enjoy playing peek-a-boo
- Show an interest in mirrors<sup>1</sup>

7 months



By their **FIRST BIRTHDAY**, most babies:

- Crawl
- Pull self up to stand
- Walk holding onto furniture
- May walk few steps without help
- Grasp with fingers
- Say "dada" and "mama"
- Try to imitate words
- Respond to "no" and simple requests
- Use simple gestures, such as shaking head "no" and waving bye-bye
- Explore objects
- Begin to use objects (drinking from cup, brushing hair)
- Find hidden objects easily<sup>1</sup>

1



By their **SECOND BIRTHDAY**, most children:

- Walk alone
- Jump
- Pull toys behind them while walking
- Carry toys while walking
- Begin to run
- Kick a ball
- Climb on and off furniture
- Walk up and down stairs while holding onto support
- Scribble with crayon
- Build tower of 5 blocks or more
- Recognize names of familiar people, objects and body parts
- Use 2 words together
- Follow simple instructions (1 or 2 steps)
- Begin to sort objects by shapes and colors
- Begin to play make-believe
- Imitate behavior of others
- Want to do things for themselves<sup>1</sup>

2



By their **THIRD BIRTHDAY**, most children:

- Can do some things for themselves (like putting on clothes and feeding self)
- Enjoy playing imaginatively and with other kids
- Tell stories with 2 to 3 sentences
- Can be understood more than half of the time
- Can name a friend
- Know whether they are a boy or girl
- Build a tower of 6 to 8 cubes
- Throw a ball overhand
- Ride a tricycle
- Walk up stairs alternating feet
- Balance on 1 foot for 1 second
- Copy a circle
- Draw a person with 2 body parts (head and one other part)
- Are toilet trained during the daytime<sup>2</sup>

3



By their **FOURTH BIRTHDAY**, most children:

- Play with other children
- Can follow family rules
- Play with favorite toys
- Listen to stories
- Engage in fantasy play
- Know first and last name
- Sing a song or say a poem from memory
- Know what to do if cold, tired, or hungry
- Can be understood
- Name 4 colors
- Play board/card games
- Draw a person with 3 parts
- Hop on one foot
- Balance on 1 foot for 2 seconds
- Build a tower of 8 blocks
- Copy a cross
- Can eat by themselves
- Brush their teeth
- Can dress self

4



By their **FIFTH BIRTHDAY**, most children:

- Are more likely to agree to rules
- Like to sing, dance, and act
- Able to distinguish fantasy from reality
- Recall part of a story
- Speak sentences of more than 5 words
- Know their name and address
- Can count 10 or more objects
- Correctly name at least 4 colors
- Stand on one foot for ten seconds or longer
- Hop, swing, and climb
- Copy a triangle and other geometric patterns
- Print some letters of the alphabet
- Use a fork and spoon
- Dress and undress without assistance<sup>2</sup>

5

## ¿Qué puedo hacer para apoyar el desarrollo de mi niño/a?

A continuación se dan actividades en las cinco áreas principales de desarrollo. Trate de hacer cada actividad más difícil conforme su niño/a crece o mejora en esa habilidad.



### COMUNICACIÓN

- **Adivinanzas.** Dele pistas a su niño/a sobre un objeto visible en el cuarto y pídale que adivine qué es.
- **Palabras y acciones.** Describa en palabras lo que su niño/a está haciendo, viendo o tocando. Por ejemplo “estás tirando la pelota”.



### MOTOR GRUESO

- **Lleve a su niño/a parque.** Suban y bajen por la resbaladilla, saltara a la cuerda.
- **Juegos de movimiento.** Dé instrucciones a su niño/a como “El rey pide que andes de puntillas,” o “Simón dice que brinques por el cuarto”.



### MOTOR FINO

- **Dibuje formas con un lápiz o crayón (por ejemplo: triángulos, círculos, líneas rectas).** Pídale a su niño/a que dibuje formas junto a las suyas pero sin calcarlas
- **Enséñele a su niño a usar tijeras.** Practique cortando líneas rectas y formas.



### RESOLUCIÓN DE PROBLEMAS

- **Coloque objetos de distintos tamaños y texturas en una bolsa.** Deje que su niño toque los objetos sin mirar. Pídale que adivine cada uno de los objetos.
- **Planifique una búsqueda del tesoro.** Dibuje un mapa o dele a su niño pistas sobre cómo encontrar un objeto escondido en el cuarto.



### PERSONAL-SOCIAL

- **Juegue a disfrazarse y a crear personajes imaginarios.** Los niños pueden usar muñequitos, títeres o muñecas para representar escenas.
- **Deje que su niño/a ayude a la hora de comer.** Pueden practicar echando leche o jugo en un vaso o sirviéndose comida en su propio plato.



# ETAPAS DEL DESARROLLO DE LOS NIÑOS

[www.earlystagesdc.org](http://www.earlystagesdc.org)



## ¿Qué son las etapas de desarrollo?

A medida que los niños crecen, van desarrollando habilidades específicas como poder subir escaleras o reconocer los colores. Estas se llaman etapas de desarrollo. Un niño activo desarrollará las habilidades físicas más rápidamente. Un niño/a tímido puede que se demore más en desarrollar el habla. Estas dos situaciones pueden ser completamente normales. De modo que en vez de preguntar si su niño es normal, puede ser más útil preguntar si su niño/a ha llegado a etapas específicas del desarrollo.

Las siguientes páginas mencionan algunas etapas de desarrollo importantes ordenadas por la edad en la cual la mayoría de los niños las logran. Esta información le puede ayudar a darse cuenta si un niño anda bien o si puede necesitar más ayuda.



## ¿Cuándo debo llamar a Early Stages?

Entre más temprano reciba servicios su niño, mejor. Si le preocupa el modo en que su hijo camina, habla, juega, aprende y se comporta, confíe en sus instintos y llámenos. Los niños recomendados a Early Stages reciben un examen de desarrollo preliminar, y si es necesario una evaluación más a fondo.

Early Stages puede recomendar los siguientes servicios: la enseñanza especializada, la terapia del habla/lenguaje, la terapia física, la terapia ocupacional, los servicios psicológicos y los servicios de apoyo del comportamiento. Todos nuestros servicios son **gratuitos**.

- Para niños entre los 2 años y 8 meses y los 5 años y 10 meses de edad, llame a Early Stages al 202-698-8037 o visite nuestra pagina web en [www.earlystagesdc.org](http://www.earlystagesdc.org).

- Para niños menores de 2 años y 8 meses de edad, llame a Strong Start, el Programa de Intervención Temprana del DC al 202-727-3665.



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### Al final del **TERCER MES,** la mayoría de los bebés:

- Levantan la cabeza y el pecho cuando están boca abajo
- Mantienen levantada la parte superior del cuerpo con los brazos cuando están boca abajo
- Dan patadas
- Abren y cierran las manos
- Se llevan las manos a la boca
- Agarran y sacuden los juguetes
- Observan los objetos que se mueven
- Observan los rostros de cerca
- Reconocen objetos y personas familiares
- Comienzan a usar las manos y los ojos al mismo tiempo
- Comienzan a balbucear e imitar algunos sonidos
- Sonríen cuando oyen las voces de sus padres
- Les gusta jugar con otras personas
- Pueden llorar cuando se deja de jugar<sup>1</sup>

# 3 Mes



### Al final del **SÉPTIMO MES,** la mayoría de los bebés:

- Giran sobre el estómago hacia la espalda y viceversa
- Se sientan
- Alcanzan objetos
- Mueven los objetos de una mano a la otra
- Soportan su peso sobre las piernas cuando se les sostiene
- Ven a colores
- Ven a distancia
- Usan la voz para expresar sentimientos
- Responden a su propio nombre
- Balbucean
- Entienden las emociones por el tono de la voz
- Investigan los objetos con las manos y la boca
- Luchan por alcanzar los objetos que están fuera de su alcance
- Les gusta jugar a esconderse y reaparecer de repente diciendo algo como “bubú”
- Muestran interés por los espejos<sup>1</sup>

# 7 Mes



### En su **PRIMER AÑO,** la mayoría de los bebés:

- Gatean
- Se empujan hacia arriba para pararse
- Caminan agarrándose de los muebles
- Pueden caminar unos pocos pasos sin ayuda
- Agarran con los dedos
- Dicen “papá” y “mamá”
- Tratan de imitar las palabras
- Responden a “no” y a solicitudes sencillas
- Usan gestos simples, como mover la cabeza para decir “no” y sacudir las manos para saludar
- Exploran los objetos
- Comienzan a usar los objetos (beben de una taza, se cepillan el cabello)
- Encuentran objetos escondidos con facilidad<sup>1</sup>

# 1



### En su **SEGUNDO AÑO,** la mayoría de los bebés:

- Caminan solos
- Saltan
- Jalen los juguetes detrás de ellos mientras caminan
- Llevan juguetes mientras caminan
- Empiezan a correr
- Patean una pelota
- Se suben y se bajan de los muebles
- Suben y bajan las escaleras mientras se agarran de los pasamanos
- Hacen garabatos con lápices de colores
- Construyen torres de 5 o más bloques
- Reconocen los nombres de personas conocidas, de objetos y de partes del cuerpo
- Usan 2 palabras juntas
- Siguen instrucciones sencillas (de 1 o 2 pasos)
- Comienzan a clasificar los objetos de acuerdo a las formas y los colores
- Comienzan a hacer juegos imaginarios
- Imitan el comportamiento de otros
- Quieren hacer las cosas por sí mismos<sup>1</sup>

# 2



### En su **TERCER AÑO,** la mayoría de los bebés:

- Pueden hacer las cosas por ellos mismos (como ponerse la ropa y alimentarse)
- Les gusta jugar imaginariamente y con otros niños
- Cuentan historias con 2 o 3 oraciones
- Se les puede entender la mayoría de las veces
- Pueden decir el nombre de un amigo/a
- Se reconocen como niño o niña
- Construyen una torre de 6 a 8 bloques
- Arrojan una pelota por encima de la cabeza
- Andan en triciclo
- Suben las escaleras alternando los dos pies
- Hacen equilibrio sobre 1 pie por un segundo
- Copian un círculo
- Dibujan a una persona con 2 partes del cuerpo (la cabeza y otra parte del cuerpo)
- Saben ir solos al baño durante el día<sup>2</sup>

# 3



### A los **CUATRO AÑOS,** la mayoría de los bebés:

- Juegan con otros niños
- Pueden seguir las normas familiares
- Juegan con sus juguetes favoritos
- Prestan atención a los cuentos
- Participan de juegos imaginarios
- Saben su nombre y apellido
- Cantan una canción o recitan un poema de memoria
- Saben qué tienen que hacer si hace frío, están cansados o tienen hambre
- Se les puede entender
- Nombran 4 colores
- Juegan juegos de mesa o de cartas
- Dibujan a una persona con 3 partes
- Brincan sobre un pie
- Hacen equilibrio sobre 1 pie por 2 segundos
- Construyen una torre de 8 bloques
- Copian una cruz
- Pueden comer solos
- Se cepillan los dientes
- Se pueden vestir solos

# 4



### A los **CINCO AÑOS,** la mayoría de los bebés:

- Son más propensos a estar de acuerdo con las normas
- Les gusta cantar, bailar y actuar
- Pueden distinguir la fantasía de la realidad
- Recuerdan parte de una historia
- Dicen oraciones de más de 5 palabras
- Saben su nombre y dirección
- Pueden contar 10 o más objetos
- Mencionan correctamente al menos 4 colores
- Se paran sobre un pie durante diez o más segundos
- Brincan, se columpian y trepan.
- Copian un triángulo y otras figuras geométricas
- Escriben en imprenta algunas letras del abecedario
- Usan el tenedor y la cuchara
- Se visten y se desvisten sin ayuda<sup>2</sup>

# 5



## What is social-emotional development?

Social-emotional development is a child's ability to express his or her emotions effectively, follow rules and directions, form positive relationships with others, and build confidence. Many things affect social-emotional growth, such as a child's biology, home environment, school environment and life experiences.

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## Why is social-emotional development so important?

We all know that the ABCs, colors and numbers are essential for school readiness, but to learn in a classroom, children must also be able to manage their feelings, play and work well with others, and pay attention to directions. Children who learn how to do these things are more likely to:

- Establish friendships with other children their age
- Develop stronger speech and problem solving skills
- Follow rules at home and at school
- Concentrate and work through a challenge
- Have confidence to try new things

## What can you do to support social-emotional development?

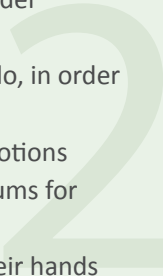
The first five years of life have a big impact on a child's overall social-emotional health. Here are some ways that parents and caregivers can support this area of development:

- **Provide lots of playtime with other children.** This helps your child practice sharing, cooperating and making new friends.
- **Focus heavily on your child's good behavior.** Praising your child regularly (3 times more often than you correct mistakes) helps him or her become confident.
- **Stick to a routine.** A daily schedule of mealtimes, playtimes and bedtime helps your child more easily transition from one activity to the next.
- **Create a visual set of rules.** Make a list of 3-5 rules with pictures to hang somewhere in your home. This helps your child learn boundaries.



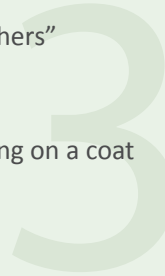
By their  
**SECOND BIRTHDAY,**  
most children:

- Start to play with other children (e.g., chase games)
- Copy or imitate others, especially adults and older children
- Begin to do things they have been told not to do, in order to see what will happen
- Have facial expressions that show different emotions
- Become easily frustrated and may throw tantrums for little reason
- Want to do things for themselves, like wash their hands



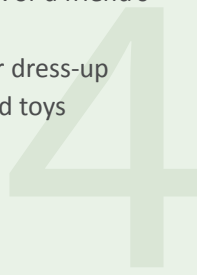
By their  
**THIRD BIRTHDAY,**  
most children:

- Show affection for friends without prompting
- Take turns in games
- Understand the idea of “mine” and “his” or “hers”
- Start to use words to express their feelings
- Get upset with major changes in routine
- Can do some things for themselves, like putting on a coat or jacket



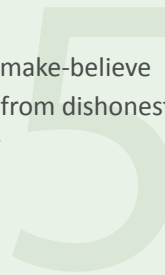
By their  
**FOURTH BIRTHDAY,**  
most children:

- Would rather play with other children than play alone
- Enjoy exploring new places, such as the park or a friend’s house
- Are more creative with make-believe play or dress-up
- Talk about things they like, such as foods and toys
- Understand the idea of responsibility
- Can brush their own teeth without help



By their  
**FIFTH BIRTHDAY,**  
most children:

- Want to be like their friends
- Seek praise from parents and teachers
- Are more likely to follow the rules
- Understand the difference between real and make-believe
- Can distinguish right from wrong and honest from dishonest
- Express their feelings more freely and openly



**If your child is having trouble with some of these milestones for his or her age, or if you have concerns about your child’s development, please take action!**

For children between the ages of 2 years 8 months and 5 years 10 months, please call Early Stages at 202-698-8037 or visit our website at [www.earlystagesdc.org](http://www.earlystagesdc.org).

For children under age 2 years 8 months, please call Strong Start, the DC Early Intervention Program, at 202-727-3665.



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DISTRICT OF COLUMBIA  
**PUBLIC SCHOOLS**  
Office of Special Education



## ¿Qué es el desarrollo socio-emocional?

El desarrollo socio-emocional es la capacidad del niño(a) para expresar sus emociones eficientemente, obedecer reglas y seguir direcciones, formar relaciones positivas con los demás y llegarse a sentir seguro(a) de sí mismo(a). Muchas cosas afectan el desarrollo socio-emocional, por ejemplo el estado físico del niño, la vida en la familia, la vida en la escuela, y las experiencias que ha tenido en el pasado

.....

## ¿Por qué el desarrollo socio-emocional es tan importante?

Todos sabemos que saber el abecedario, los números y reconocer los colores es esencial para la educación pre-escolar. Sin embargo, para poder aprender en un salón de clases, los niños deben también controlar sus sentimientos, jugar y trabajar bien con los demás, y prestar atención a las instrucciones. Los niños que aprenden a hacer estas cosas son más capaces de:

- Establecer amistades con otros niños de su edad
- Desarrollar una mejor capacidad para hablar y para resolver problemas
- Seguir direcciones las normas en casa y en la escuela
- Concentrarse y buscarle solución a los retos y desafíos
- Tener confianza para probar cosas nuevas

## ¿Qué puede hacer usted para apoyar el desarrollo socio-emocional?

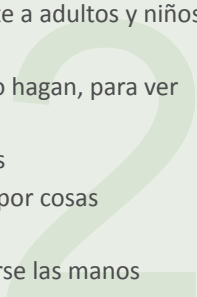
Los primeros cinco años de vida tienen un gran impacto en la salud socio-emocional general del niño(a). A continuación se dan algunas formas en que los padres y las personas encargadas de los niños pueden apoyar esta área de desarrollo:

- **Dele muchas oportunidades de jugar con otros niños.** De este modo su hijo practica como compartir, colaborar y hacer nuevos amigos.
- **Enfoquense el comportamiento positivo de su hijo(a).** Celebre a su hijo/a mas de lo que lo corrige. Le ayuda a volverse más seguro de sí mismo.
- **Mantenga una rutina.** Tener un horario para la hora de comer, la hora de jugar y la hora de irse a dormir ayuda a que su hijo(a) pase de una actividad a la otra facilmente.
- **Hagale un cuadro con las reglas.** Haga una lista de 3 a 5 reglas que usted tiene en la casa y ponganlas en un sitio que todos las puedan ver.



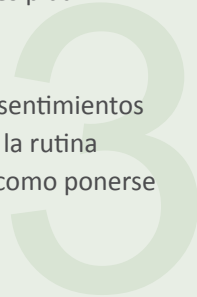
**A los  
DOS AÑOS,  
la mayoría de los niños:**

- Comienzan a jugar con otros niños (por ej.: juegos de perseguir)
- Copian o imitan a otras personas, especialmente a adultos y niños mayores
- Comienzan a hacer cosas que se les dice que no hagan, para ver qué pasa
- Usan la cara para mostrar diferentes emociones
- Se frustran con facilidad y pierden la paciencia por cosas insignificantes
- Quieren hacer las cosas por sí solos, como lavarse las manos



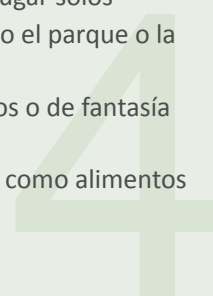
**A los  
TRES AÑOS,  
la mayoría de los niños:**

- Muestran cariño por sus amigos sin que se les pida
- Se turnan para jugar
- Entienden el concepto de “mío” y “tuyo”
- Empiezan a usar palabras para expresar sus sentimientos
- Se enojan debido a cambios importantes en la rutina
- Pueden hacer algunas cosas por sí mismos, como ponerse un abrigo o chaqueta



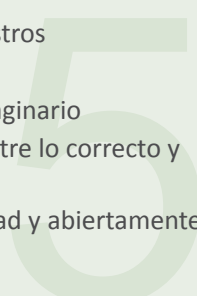
**A los  
CUATRO AÑOS,  
la mayoría de los niños:**

- Prefieren jugar con otros niños en vez de jugar solos
- Disfrutan explorando lugares nuevos, como el parque o la casa de un amigo
- Son más creativos en los juegos imaginarios o de fantasía (con disfraces)
- Hablan acerca de las cosas que les gustan, como alimentos y juguetes
- Entienden la idea de la responsabilidad
- Puede cepillarse los dientes sin ayuda



**A los  
CINCO AÑOS,  
la mayoría de los niños:**

- Quieren ser como sus amigos
- Buscan el elogio de los padres y de los maestros
- Tienden a seguir las normas
- Entienden la diferencia entre lo real y lo imaginario
- Pueden distinguir entre el bien y el mal y entre lo correcto y lo incorrecto
- Expresan sus sentimientos con mayor libertad y abiertamente



**Si su hijo/a está teniendo problemas con algunas de estas etapas de acuerdo a su edad, o si usted siente preocupación acerca del desarrollo de su hijo/a, ¡tome medidas, por favor!**

Para los niños entre los 2 años y 8 meses de edad y los 5 años y 10 meses de edad, llame a Early Stages al 202-698-8037 o visite nuestro sitio web en: [www.earlystagesdc.org](http://www.earlystagesdc.org).

Para los niños menores de 2 años y 8 meses, llame a Strong Start, el Programa de Intervención Temprana del DC al 202-727-3665.



1125 New Jersey Avenue NW  
Washington, DC 20001  
phone: 202-698-8037  
fax: 202-654-6079



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Domestic Relations Branch**

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_ DRB \_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS

RELATED CASES:

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU  
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE  
YOU FEAR HARASSMENT OR HARM.

\_\_\_\_\_

PLAINTIFF,

v.

\_\_\_\_\_  
PRINT OTHER PARTY'S NAME

\_\_\_\_\_  
PRINT OTHER PARTY'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

DEFENDANT.

DEFENDANT #2.

**COMPLAINT FOR CUSTODY and/or VISITATION  
Action Involving Child Support     yes     no**

I, \_\_\_\_\_, am the Plaintiff in this case.  
PRINT YOUR NAME

**1. The child(ren) in this case:**

Child's Full Name	Date of Birth	Gender

**2. My relationship to the child(ren) in this case:** [CHECK ONE]

- I am the biological or adoptive parent.
- I am the caretaker. My relationship to the child(ren) is: \_\_\_\_\_  
(e.g. grandparent, brother, aunt, etc.).
- Other: \_\_\_\_\_.

**3. The other party's relationship to the child(ren) in this case:** [CHECK ONE]

- The other party is the biological or adoptive parent.
- The other party is the caretaker. His/Her relationship to the child(ren) is \_\_\_\_\_  
(e.g. grandparent, brother, aunt, etc.)
- Other: \_\_\_\_\_.

**4. This Court is the proper place to decide issues of child custody because:** [CHECK ONE]

- Home State.** The District of Columbia is the child(ren)'s "home state" because the child(ren) currently live(s) in the District of Columbia *AND* has/have lived in the District of Columbia for at least six months immediately before filing this Complaint.
- Home State.** The child(ren) do(es) not currently live in the District of Columbia, *BUT* the District of Columbia was the "home state" *AND* the child(ren) has/have been away from the District of Columbia for less than six months before the filing of this Complaint *AND* a parent or a person acting as a parent continues to live in the District of Columbia.
- Significant Connections.** There is no "home state" or the "home state" has declined to exercise jurisdiction on the grounds that the District of Columbia is the more appropriate forum *AND* the child(ren) and at least one parent or person acting as a parent have a significant connection with the District of Columbia *AND* there is substantial evidence available in the District of Columbia concerning the child(ren)'s care, protection, training and personal relationships.
- More Appropriate Court.** All courts with jurisdiction have declined to exercise their jurisdiction in favor of the District of Columbia because this is the more appropriate Court to determine custody of the child(ren).
- No Other Court.** There is no other court with jurisdiction to determine custody of the child(ren).

**Temporary Emergency Jurisdiction.** The District of Columbia is not the “home state” *BUT* the child(ren) is/are present in the District of Columbia *AND* the child(ren) has/have been abandoned *OR* it is necessary in an emergency to protect the child(ren) because the child(ren), or a sibling or parent of the child(ren), is/are subjected to or threatened with mistreatment or abuse.

**5. The minor child(ren) currently live(s) at the following address(es) with the following person(s):**

<b>Child(ren)’s Name(s)</b>	<b>Current Address</b>	<b>Since What Date</b>	<b>Child(ren) Live(s) With (names)</b>

**6. Over the last five years, the child(ren) have lived in the following places, with the following persons:**

<b>Child(ren)’s Name(s)</b>	<b>Previous Address</b>	<b>During What Dates</b>	<b>Child(ren) Lived With (name and current address)</b>

**7. The following people, who are not parties to this case, have physical custody of, or claim rights of legal or physical custody of, or visitation with the child(ren):**

<b>Name(s)</b>	<b>Current Address(es)</b>

**8. I state the following about other cases involving the child(ren):** [CHECK ONE]

There are no other cases concerning custody of, or visitation with, the child(ren), and there are no other cases that could affect this proceeding.

The following cases concern custody of, or visitation with, the child(ren), or could affect this proceeding (e.g. divorce, child support, domestic violence, neglect, etc.)

<u>COURT</u>	<u>CASE NO.</u>	<u>CASE TYPE</u>	<u>DATE OF DETERMINATION</u>

**9.  I was  I was not a party or witness or participant of any kind in any other proceeding concerning the custody of or visitation with the child(ren).**

**10. Legal Custody.** I am a fit and proper person to have legal custody of the minor child(ren) and make decisions about the well-being of the minor child(ren), and I believe that it is in the best interest of the minor child(ren) that I be awarded: [CHECK ONE]

joint legal custody

sole legal custody

**11. Physical Custody.** I am a fit and proper person to have physical custody of the minor child(ren) and to have responsibility and control of the minor child(ren), and I believe that it is in the best interest of the minor child(ren) that I be awarded: [CHECK ONE]

joint physical custody

sole physical custody

visitation

**12. The presumption in favor of joint custody does not apply in *this* case because:**

[CHECK ALL THAT APPLY]

There has been domestic violence.

There has been child abuse.

There has been child neglect.

There has been parental kidnapping.

*AND/OR*

Joint custody is not in the best interest of the child(ren).



- Note that we have a written agreement. I request that the Court: [CHECK ONE]
- include* our written agreement as a part of its order.
  - not include* our written agreement as a part of its order.

**I ALSO REQUEST that the Court award any other relief it considers fair and proper.**

---

[CHECK ONE]

I *do not* know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case.

I *do* know of proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case, as listed on the first page of this Complaint (“Related Cases”).

---

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Complaint for Custody and/or Visitation and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
DATE(mm/dd/yyyy)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE’S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.**

## RULE 4 SERVICE

WHEN YOU FILE YOUR COMPLAINT, THE FAMILY COURT CENTRAL INTAKE CENTER WILL GIVE YOU A **SUMMONS** THAT YOU MUST SERVE (ALONG WITH THE COMPLAINT) ON THE OTHER PARTY WITH A COPY OF YOUR COMPLAINT.

YOU MUST SERVE THE OTHER PARTY BEFORE THE **SUMMONS** EXPIRES IN 60 DAYS.

IF YOU ARE UNABLE TO SERVE THE OTHER PARTY WITHIN THE 60 DAYS, YOU CAN ASK THE FAMILY COURT CENTRAL INTAKE CENTER TO GIVE YOU ANOTHER SUMMONS. THE SECOND SUMMONS IS CALLED AN “**ALIAS SUMMONS**.” YOU **MUST** ASK FOR THE **ALIAS SUMMONS** **BEFORE** THE FIRST **SUMMONS** EXPIRES.

HERE ARE THE WAYS YOU CAN SERVE THE COMPLAINT AND SUMMONS:

- **by having someone else** (NOT you), who is over 18 years old and not a party to the case,
  - **hand it to the other party;** or
  - **leave a copy at the other party’s home** with a person of suitable age and discretion who lives there

-AFTER THE OTHER PARTY IS SERVED, THE SERVER MUST COMPLETE AN AFFIDAVIT OF SERVICE AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER (“CIC”). AFFIDAVITS ARE AVAILABLE AT THE CIC.

**OR**

- **by mailing it to the other party** by certified mail, return receipt requested.

-AFTER THE RETURN RECEIPT (“GREEN CARD”) COMES BACK TO YOU, FILE IT WITH THE CIC ALONG WITH A COMPLETED AFFIDAVIT OF SERVICE. THESE AFFIDAVITS ARE ALSO AVAILABLE AT THE CIC.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
 TRIBUNAL SUPERIOR DEL DISTRITO DE COLUMBIA  
 FAMILY COURT - DOMESTIC RELATIONS BRANCH  
 JUZGADO DE FAMILIA- DIVISIÓN DE RELACIONES DOMÉSTICAS  
 500 Indiana Avenue, N.W., Washington, D.C. 20001**

A Complaint for:  Divorce  Legal Separation  Annulment  Other:  
*Demanda de:* *Divorcio* *Separación Legal* *Anulación* *Otro*

Custody  Standby Guardianship  Visitation  
*Tutela* *Tutoría de Reserva* *Visitas*

In the Matter of:  
*En la causa de:*

---

Plaintiff  
*Demandante*

Jacket Number  
*Número del expediente* \_\_\_\_\_

vs.

---

Defendant  
*Demandado*

**SUMMONS**  
**NOTIFICACIÓN**

TO:  
 A:

---

Name  
*Nombre*

---

Address  
*Dirección*

---

You are hereby SUMMONED to the Family Court of D.C. Superior Court and required to Answer the attached Complaint. Your Answer must be filed with the Clerk of this Court in the Family Court Central Intake Center, D.C. Superior Court, Room JM-520, 500 Indiana Avenue, N.W. Your Answer must be properly filed within twenty (20) days after service of this Summons and Complaint upon you. This 20-day period does not include the day on which you were served. A copy of your Answer must be served upon the plaintiff's attorney or plaintiff, whichever is indicated below. If you do not file your answer on time, the court may make orders affecting your marriage, your property, and custody and visitation of your children. You may be ordered to pay support and attorney fees. It is recommended that you seek the advice of an attorney to assist you in this case.

*Por medio de la presente se le ORDENA comparecer en persona al Juzgado de Familia en el Tribunal Superior del Distrito de Columbia y se le exige su contestación a la demanda adjunta. Debe presentar su contestación con el actuario de este tribunal en el "Family Court Central Intake Center" Tribunal Superior del Distrito de Columbia, Oficina JM-520, 500 Indiana Avenue, N.W. La contestación debe presentarse de manera adecuada dentro del plazo de veinte (20) días después de que este citatorio y demanda se le hayan entregado formalmente. Este plazo de 20 días no incluye el día de la notificación formal. Debe entregarse una copia de la contestación formalmente al indicado, ya sea el abogado del demandante o el demandante,*

**PLAINTIFF'S ATTORNEY OR PLAINTIFF**  
**ABOGADO DEL DEMANDANTE O DEMANDANTE**

Name: <i>Nombre:</i>	Address: <i>Dirección:</i>
-------------------------	-------------------------------

Witness, the Honorable Chief Judge of the Superior Court of the District of Columbia and seal of said Court.  
*Doy fe, el Honorable Juez Presidente del Tribunal Superior del Distrito de Columbia y el sello de dicho tribunal.*

SEAL  
*Sello*

Clerk of the Superior Court  
 of the District of Columbia  
*Actuario del Tribunal Superior del Distrito de Columbia*

Date of Issue:  
*Fecha de emisión:* \_\_\_\_\_

By:  
 Por: \_\_\_\_\_

Deputy Clerk  
*Actuario Auxiliar*

\*This summons expires 60 days from the date of issue noted above. This case will be dismissed if the Plaintiff fails to comply with Rule 4 (I). (See back)  
 \* *Este citatorio se vence 60 días después de la fecha de emisión. Esta causa será sobreesida si el demandante no cumple con la Regla 4(1).*  
 Please note that additional information is available on the reverse side of this form.  
*Favor de notar la información adicional al dorso de este formulario.*



## Superior Court of the District of Columbia Family Court

### Cross Reference Intake Form

Party	Name	Address	Date of Birth	Social Security Number	Driver License Number
Plaintiff/Petitioner <sup>1</sup>					
Co-Plaintiff/Co-Petitioner					
Defendant/Respondent <sup>2</sup>					
Co-Defendant/Co-Respondent					
Child					
Child					
Child					
Child					
Child					
Household Members					
Household Members					

1. What type of case are you filing today? \_\_\_\_\_
2. Do you have any other court cases in this court? \_\_\_\_\_. If yes, please list the name, type, and case number: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any other court cases in another court? \_\_\_\_\_. If yes, please list the name of the court, case, type, and number: \_\_\_\_\_  
\_\_\_\_\_
4. Are you *pro se* (representing yourself)? \_\_\_\_\_. If yes, please visit the Family Court Self-Help Center in Room JM-570.

<sup>1</sup> The person who is filing the case is the plaintiff/petitioner

<sup>2</sup> The person against whom the case is filed is the defendant/respondent

**Disclaimer: This form will not be kept in the official court jacket. After your information has been entered into the system, this form will be destroyed.**

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Domestic Relations Branch**

\_\_\_\_\_  
PRINT PLAINTIFF'S NAME

\_\_\_\_\_ DRB \_\_\_\_\_

PLAINTIFF,

RELATED CASES:  
\_\_\_\_\_  
\_\_\_\_\_

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

DEFENDANT.

**MOTION TO MODIFY**  **VISITATION**  **CUSTODY**  
**Does the Other Party Consent to this Motion?**  yes  no

I, \_\_\_\_\_, am the  PLAINTIFF  DEFENDANT in this case.  
PRINT YOUR NAME

**1. A custody order and/or visitation order was previously entered in this case on**

\_\_\_\_\_  
DATE OF ORDER

**2. This Court is the proper place to decide this Motion because this Court entered the original custody and/or visitation order, AND: [CHECK ALL THAT APPLY]**

- The child(ren) still live(s) in the District of Columbia.
- At least one parent or person acting as a parent still lives in the District of Columbia.
- The child(ren) has/have a significant connection to the District of Columbia and there is sufficient information about the child(ren) available in the District.

**3. There has been a substantial and material change in circumstances since the time the existing order was established. The change in circumstances is:** [CHECK ONE]

- The child(ren) now live(s) with me.
- The child(ren) no longer live(s) with me.
- Other: [DESCRIBE THE CHANGE]

**4. Because of the substantial and material change in circumstances, the existing order should be changed. The new order should say:** [DESCRIBE THE CHANGE YOU ARE REQUESTING]

**5. The modification I am requesting is in the child(ren)'s best interests because:** [EXPLAIN WHY THE CHANGE YOU ARE REQUESTING IS BEST FOR THE CHILD(REN)]

## Request for Relief

**I RESPECTFULLY REQUEST that the Court:** [CHECK ALL THAT APPLY]

- Grant my request to modify visitation and/or custody.
- Enter an Order setting forth a revised visitation schedule and/or custodial arrangement that is in the best interests of the minor child(ren).

**I ALSO REQUEST that the Court award any other relief it considers fair and proper.**

I  Do  Do NOT request an oral hearing in front of the judge on this motion.

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Motion to Modify Visitation and/or Custody and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.**

**If by consent:**

\_\_\_\_\_  
OTHER PARTY'S SIGNATURE

\_\_\_\_\_  
DATE

**POINTS AND AUTHORITIES IN SUPPORT OF MOTION  
TO MODIFY CUSTODY OR VISTATION**

In support of this Motion, I refer to:

1. D.C. SCR-Dom. Rel.R. 7(b) (2009).
2. D.C. Code §§16-914, 16-914.01 and 16-4602.02 (2009).
3. The record in this case.
4. The attached supporting document(s), *if any*.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Domestic Relations Branch**

\_\_\_\_\_  
PRINT PLAINTIFF'S NAME

\_\_\_\_\_ DRB \_\_\_\_\_

PLAINTIFF,

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

DEFENDANT.

**RULE 5  
CERTIFICATE OF SERVICE**

**I certify that I served a copy of my Motion to Modify Visitation and/or Custody to the other party or the other party's attorney on \_\_\_\_\_.**  
DATE OF SERVICE

**The papers were delivered:** [CHECK ONE]

**by handing them to the other party.**

**by first class mail:**

**by fax:**

**by leaving a copy at the other party's workplace** with a clerk or person in charge, or because there was no one in charge, by leaving it in a conspicuous place:

**by leaving a copy at the other party's home** with a person of suitable age and discretion who lives there:

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS/FAX #

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE





## Child Custody and Visitation in D.C.

Custody is a legal arrangement that establishes who has the right to make decisions about a child and where a child will live. Custody only applies to children under the age of 18. When you get a custody order from a judge, it will determine two types of custody: legal custody and physical custody.

■ **What is Legal Custody?** Legal custody means legal responsibility for the child. This includes the right to make decisions regarding the child's health, education, and general welfare. You could have joint legal custody (the parents make decisions about the child together) or sole legal custody (one parent has the right to make decisions about the child).

■ **What is Physical Custody?** Physical custody means a child's living arrangements—typically, where the child lives, eats and sleeps. It includes a child's residency or visitation schedule. You could have joint physical custody (the child stays with each parent some of the time); or sole physical custody (the child lives mostly with one parent.)

■ **What if I just want to see my kids?** Visitation (sometimes called access) is your right to see and have contact with your child while the child lives with the other parent. You and the other parent can arrange visitation in whatever way suits your family (for example, one afternoon per week, or overnight on alternate weekends, or several weeks during the summer). If you want a court order regarding visitation, you can file for one.

■ **Who decides on the custody and visitation arrangement?** If there is no court order, both parents have equal rights to legal and physical custody. Parents can agree on any custody and visitation arrangement they believe is appropriate.

■ **What if we can't agree?** The Family Court offers free mediation through the Multi-Door Dispute Resolution Division (202-879-1549) where trained mediators work with you and the other parent to develop an agreement. You can use Multi-Door without having a court case.

■ **Do I need a court order?** You may want a custody order if you and the other parent disagree about the arrangement, if

someone is challenging your custodial rights, or to avoid such disagreements or challenges in the future. A custody order can be helpful because it is legally enforceable, which means a judge can require the parents to follow it.

■ **Can I file for custody in D.C.?** In order for a D.C. court to make a custody determination, the court must have authority to decide your case. This is called jurisdiction. Although there are several ways D.C. could have jurisdiction, the most common is when D.C. is currently or was very recently the child's home state. This means that:

- The child has been living in D.C. for at least six months before the case is filed, or
- The child lived in D.C. and has been away less than six months, and even though the child is no longer in D.C., a parent or person acting as a parent continues to live in D.C.

■ **How can I start a custody or visitation case?** In order to start a case, you must file a Complaint for Custody and/or Visitation. After you file the complaint you must get a copy to the defendant according to very specific legal requirements. See the information sheet "Serving Court Papers in D.C.: Divorce and Custody Cases" for more details about those requirements.

If someone else has already filed a complaint against you, you are the defendant. After you have been legally served with a copy of the complaint, you must file the Answer to Complaint for Custody and/or Visitation within 20 days. After you file your answer, you must give a copy to the plaintiff. Again, see the information sheet "Serving Court Papers in D.C.: Divorce and Custody Cases", under the heading "Serving Court Papers Filed After the Initial Complaint."

# Help Yourself Child Custody and Visitation in D.C.

Whether you are the plaintiff or the defendant, you can get the necessary court pleadings at [www.dcbar.org/pleadings](http://www.dcbar.org/pleadings), or at the D.C. Superior Court, Family Court Central Intake Center (500 Indiana Avenue NW, room JM-540), open Monday through Friday, 8:30 a.m. to 5:00 p.m.

■ **What will the judge do if the other parent and I don't agree?** The judge will have you try to mediate through the Multi-Door program.

If you cannot agree after mediation, there will be a custody trial. Each party will try to prove what is in the best interest of the child. Once the trial is complete, the judge will decide, based on the evidence, what arrangement is best.

■ **How does the judge decide custody?** The judge must decide what is in the best interest of the child. Also, the law assumes that joint custody is in the child's best interest—that it is best for a child for both parents to be involved in making decisions. However, the judge can award sole custody if the judge decides that joint custody is not in the child's best interest, or if there has been child abuse, child neglect, parental kidnapping, or domestic violence.

■ **What does the law mean by "best interest of the child"?** To determine what is in the best interest of a child, the judge must consider anything that has a bearing on what is best for the child. In addition, the law says the judge must specifically consider these factors:

- The wishes of the child;
- The wishes of the parents;
- The child's relationship with his or her parents, siblings, and others;
- The child's adjustment to his or her home, school, and community;
- The mental and physical health of all individuals involved;
- Evidence of domestic violence;
- The parents' ability to communicate and make shared decisions about the child;
- The willingness of the parents to share custody;
- The prior involvement of each parent in the child's life;
- The potential disruption of the child's social and school life;
- The distance between the parents' homes;
- The demands of parental employment;

- The age and number of children;
- The sincerity of each parent's request;
- The parent's ability to financially support a joint custody arrangement;
- The impact on Temporary Assistance for Needy Families, Program on Work, Employment, and Responsibilities, and medical assistance; and
- The benefit to the parents.

■ **Can someone other than a mother or father (like a grandmother, uncle, sister or friend) file for custody?** Sometimes. In limited circumstances, a third party—someone other than a mother or father—can file for custody of a child. The most common circumstances in which that is possible are: (a) when the third-party has the agreement of the parent who was caring for the child (within some time in the past 3 years); (b) when the third-party has been living with and caring for the child, as a parent would, for 4 of the past 6 months; or (c) when the child is currently living with the third-party and custody needs to be awarded to the third party in order to prevent harm to the child. The judge must then decide whether there are good enough reasons to give custody to someone who is not the mother or father.

■ **Once a custody or visitation order is in place, can it be changed?** The court can always change a custody/visitation order. This is usually done by filing a "motion to modify custody/visitation." The person who wants to change the arrangement must convince the judge that there has been some kind of significant change in the situation since the order was entered, and that the new arrangement is in the child's best interest.

■ **For more information,** you can visit the Family Court Self-Help Center, a free walk-in clinic located in the DC Superior Court, 500 Indiana Avenue, NW, in Room JM-570. The Center is open Monday through Friday, from 8:00 a.m. to 5:30 p.m. The Center can explain the process to you, help you complete the proper legal papers, and direct you to other free legal resources. Visit [www.lawhelp.org/dc](http://www.lawhelp.org/dc) for more information, including how to contact free legal assistance organizations, or call the D. C. Bar Legal Information Helpline at 202-626-3499 to listen to recorded messages about this issue.

*The D.C. Bar Pro Bono Program provides general information only. This is not legal advice. You can only obtain legal advice from a lawyer. If you need legal advice for a specific situation, contact an attorney. We make every effort to keep the legal education materials up-to-date, but laws change frequently. Therefore the D.C. Bar Pro Bono Program does not guarantee the accuracy of this information.*

# **Superior Court of the District of Columbia Civil Division**



## **HANDBOOK FOR PEOPLE WHO REPRESENT THEMSELVES IN CIVIL CASES**



**Moultrie Courthouse  
Room 5000  
500 Indiana Avenue, N.W.  
Washington, DC 20001  
Phone: (202) 879-1133  
Fax: (202) 879-8335**

## ACKNOWLEDGEMENTS

This handbook was established in December 2013, by the judges in the Civil Division of the Superior Court of the District of Columbia, with the goal of developing a document to guide *pro se* litigants in handling cases before the court. The judges involved in the preparation of this document were as follows:

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Judge Neal Kravitz  
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Judge Thomas Motley  
Judge John Mott  
Judge Michael O'Keefe  
Judge Robert Okun  
Judge Michael Rankin  
Judge Maurice Ross  
Judge Frederick Weisberg  
Judge Melvin Wright

Special thanks to Judge Epstein who served as chair of this project and to Chief Judge Satterfield who coordinated and approved its distribution to the public.



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Judge Melvin R. Wright  
Presiding Judge, Civil Division

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## **GENERAL QUESTIONS**

### **WHY SHOULD I READ THIS HANDBOOK?**

This handbook provides basic information about what happens in civil cases in the DC Superior Court. It explains some of your basic rights and responsibilities if you represent yourself in a civil case – either as a plaintiff or as a defendant.

For additional information, please go to the Civil Division's webpage: [www.dccourts.gov/internet/superior/org\\_civil/main.jsf](http://www.dccourts.gov/internet/superior/org_civil/main.jsf). The Civil Actions Branch live chat feature is available at [www.dccourts.gov/internet/public/aud\\_civil/civilchat.jsf](http://www.dccourts.gov/internet/public/aud_civil/civilchat.jsf), Monday through Friday from 8:30 a.m. – 4:30 p.m.

### **DO I NEED A LAWYER TO REPRESENT ME?**

An individual does not have to have a lawyer, but a corporation has to have a lawyer represent it in court. Almost everyone is better off with a lawyer. A lawyer can advise you about what your rights are and how the court system works. A lawyer can help you understand the court's rules and procedures, which are often hard for a non-lawyer to understand and follow.

If you cannot afford to hire a lawyer, you may be able to find one willing to represent you for free in the list at the end of this booklet or if you visit the DC Bar's website, [www.lawhelp.org/dc](http://www.lawhelp.org/dc).

### **CAN THE COURT APPOINT A LAWYER TO REPRESENT ME?**

No. The court cannot appoint lawyers to represent people who cannot afford a lawyer in civil cases. Although the court can provide information about finding a lawyer, it is up to you to find a lawyer willing to represent you.

### **WHAT ARE MY RESPONSIBILITIES IF I REPRESENT MYSELF?**

In general, the same rules apply to parties who do not have lawyers as to parties who do have lawyers. The court expects self-represented parties to make themselves familiar with the court's rules, and self-represented parties must comply with the rules of this court.

Self-represented plaintiffs who do not comply with the court's rules and procedures may have their case dismissed or suffer other negative consequences. Self-represented defendants who do not comply with the court's rules and procedures may have a judgment entered against them or suffer other negative consequences.

Judges cannot give self-represented litigants an unfair advantage, and they cannot favor one side or the other. However, judges may make reasonable accommodations to help litigants who are not represented by counsel to understand how the court works and what the rules are. For example, a judge may provide brief information about the proceeding and about rules of evidence, or a judge may explain the basis of his or her ruling without using legal jargon.

## **WHAT ARE THE DC SUPERIOR COURT RULES OF CIVIL PROCEDURE?**

The Rules of Civil Procedure are a detailed set of rules governing civil cases from start to finish. This handbook only summarizes some parts of the Civil Rules that are most important or that come up more frequently.

A copy of the DC Superior Court's Rules of Civil Procedure is available online at: [www.dccourts.gov/civilrules](http://www.dccourts.gov/civilrules).

## **HOW SHOULD I BEHAVE IN COURT?**

In order to make a good impression when you are in front of a judge or jury, follow these simple rules:

- Arrive on time
- Act respectfully to the judge and the other party
- Wait your turn to speak
- Speak to the judge
- Do not argue with the other party in front of the judge
- Don't interrupt the judge or another party when they are speaking – you will get your chance
- Listen to the judge's questions and do your best to answer them
- Turn off your cell phone
- Don't eat, drink, or chew gum in the courtroom

Try to make arrangements so you don't have to bring your children into the courtroom. The court has a child care center in Room C-185 on the lower level of the Moultrie Courthouse for children aged 2 to 12. You may call (202) 879-1684.

## **WHAT SHOULD I WEAR TO COURT?**

There is no formal dress code for court appearances, but you want the judge and jury to see that you take the case seriously and that you respect them. Wear clothes that you would wear to an important occasion – like a job interview.

## **GETTING ANSWERS**

### **WHERE CAN I GO TO GET MORE INFORMATION ABOUT HOW TO HANDLE MY CASE?**

The Consumer Law Resource Center provides information about debt collection, home improvement, security deposit, used car or car repair, and other consumer-related disputes on Wednesday and Thursday mornings from 9:15 until noon. This Center is located in Room 102 in Court Building B, 510 4<sup>th</sup> Street, N.W. You can also get information about debt collection cases on Friday mornings next door to the Civil Actions Branch Clerk's Office on the fifth floor of the Moultrie Courthouse.

Public libraries have some information about the law. They can also provide access to the Internet, where you can find more information.

## **CAN I CALL OR WRITE THE JUDGE IF I DON'T KNOW WHAT TO DO?**

No. Court rules prohibit anyone, lawyers and non-lawyers, from calling or writing a judge or the judge's staff for assistance or guidance. Court rules also prohibit court employees from giving legal advice to anyone. That rule applies to employees in the Civil Actions Branch Clerk's Office and to the staff of individual judges. It also applies to people who work at the information booth on the first floor of the courthouse.

If you want the judge to do something, you must file a written motion and provide a copy to the other side. The procedures for filing a motion are explained later in this handbook.

The rules also strictly prohibit judges and their staff from discussing a case with only one side – communications that are sometimes called *ex parte* communications.

## **HOW DO I GET INFORMATION ABOUT WHAT IS HAPPENING IN MY CASE?**

You can get information online about what documents and orders have been filed in individual cases. Visit court cases online at: [www.dccourts.gov/CCO](http://www.dccourts.gov/CCO).

You can also come to the Civil Actions Branch Clerk's Office in Room 5000 at 500 Indiana Avenue, N.W.

## **FILING DOCUMENTS**

### **HOW DO I FILE DOCUMENTS?**

"Filing" means that you bring two documents to the Civil Actions Branch Clerk's Office: (1) the original document; and (2) a copy marked "Chambers Copy." The Civil Actions Branch Clerk's Office is located in Room 5000, Moultrie Courthouse at 500 Indiana Avenue, N.W.

Although lawyers are required to file and serve documents electronically, self-represented litigants are not. However, the court encourages self-represented litigants to file electronically if they can. See instructions for efile services through File&ServeXpress at [www.dccourts.gov/efiling](http://www.dccourts.gov/efiling).

### **WHEN CAN I FILE DOCUMENTS AT THE CLERK'S OFFICE?**

You can file documents in Room 5000, Moultrie Courthouse, Monday through Friday from 8:30 a.m. to 5:00 p.m., from 9:00 a.m. to 12 noon on Saturdays.

In addition, you can file them at any time in the deposit box provided for civil filings on the first floor in the lobby of the Moultrie Courthouse. It is advisable to check the following business day to determine if your documents have arrived in the Civil Actions Branch Clerk's Office by calling (202) 879-1133 or (202) 879-1134.

### **WHAT CAN I DO IF I CANNOT AFFORD THE FEES TO FILE DOCUMENTS?**

The court will allow you to file a complaint, motions, and other documents without paying the fees if you show that you cannot pay the fees without substantial hardship to

you or your family. To get a waiver of these fees, you must submit an affidavit or declaration such as that in Civil Actions Form 106A. See Civil Rule 54-II. You may qualify for a waiver even if you are at or above the federal poverty guideline. If you show that you receive Temporary Assistance for Needy Families (TANF), General Assistance for Children (GAC), Program on Work, Employment and Responsibility (POWER), or Supplemental Security Income (SSI), you can get a waiver without providing additional information. Otherwise, you may have to provide information about your income and your assets and expenses.

If you want to file a complaint without paying the filing fee, report to the Civil Actions Branch to complete the form. The form is sent to the Judge in Chambers for a decision. If you want a waiver of fees after you have filed, you have to get the waiver from the judge assigned to your case

## **STARTING A CASE**

### **HOW DO I SUE SOMEONE?**

You have to prepare a document called a complaint and file it with the court. The person who files the case is called the "plaintiff." The person who the plaintiff sues is called the "defendant."

In the complaint, you have to explain what you think the person you are suing did wrong, and what you want the court to do about it. The complaint must contain a short and plain statement of the claim showing that you are entitled to money or some action by the defendant. You do not have to include detailed factual information, but it is not enough for you to say only that the defendant unlawfully harmed you.

If you want more than \$5,000 from the defendant, you must file your complaint in Room 5000 of the Moultrie Courthouse. That is also where you file cases seeking equitable relief, meaning that you want the court to order someone to do something (other than pay money) or not to do something.

### **WHEN SHOULD I SUE IN THE SMALL CLAIMS BRANCH?**

If your claim is for \$5,000 or less and you are not asking for anything from the defendant except money, you must file your case in the Small Claims and Conciliation Branch, located at 510 4th Street, N.W., Court Building B, Room 120. There are different rules and procedures for small claims cases.

There is a handbook for small claims cases, which is available online: [www.dccourts.gov/internet/documents/SmallClaimsHandbook.pdf](http://www.dccourts.gov/internet/documents/SmallClaimsHandbook.pdf). If you want additional information about filing fees or other matters in Small Claims, you may call (202) 879-1120 or see Civil Rule 202.

### **WHAT IS THE LANDLORD AND TENANT BRANCH?**

The Landlord and Tenant Branch generally handles cases in which landlords are trying to evict tenants. Simplified rules apply in these cases, which are put on a faster track than other civil cases. If you want more information, you can go to the Landlord and Tenant Clerk's Office in Room 110 in Court Building B at 510 Fourth Street, N.W. –

or to the Landlord and Tenant Resource Center in Room 115 between 9 a.m. and noon, Monday through Friday.

**WHAT DO I HAVE TO DO TO FILE A COMPLAINT?**

You must file four documents and pay the filing fee, unless you get permission not to pay the fee because you cannot afford to do so.

The four documents you have to file are:

- (1) an original complaint that includes your name and address and the name and address of each defendant;
- (2) one copy of the original complaint for each defendant;
- (3) a summons form for each named defendant in the complaint; and
- (4) a Civil Case Information Sheet.

The complaint and subsequent papers must be on white paper, size 8-1/2" x 11."

Here is an example of what the top of the first page should look like:

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
Civil Division

[Name and address of plaintiff(s)],	:
Plaintiff(s),	:
	:
v.	:
	:
[Name and address of defendant(s)],	:
Defendant(s).	:

COMPLAINT

If you do not have a lawyer, you must sign the complaint and include your address and telephone number. Your signature indicates that to the best of your knowledge, everything in the complaint is true and you are not filing your complaint to harass the other party. If a judge finds that you violated this oath, the judge may impose monetary or other penalties. See Civil Rule 11.

**WHAT HAPPENS IF I NEED TO FIX SOMETHING IN MY COMPLAINT?**

If you realize that you need to include additional information in your complaint, you have the right to change it once without getting permission from the judge, as long as you do it before the defendant serves you with his answer or motion to dismiss. Otherwise, you need to file a motion asking the judge to allow you to amend your complaint. See Civil Rule 15.

## **WHAT DO I DO TO GET A JURY TRIAL?**

You will not get a jury trial unless you ask for it. If you are the plaintiff, you should include a demand for a jury trial in your complaint. Other parties must file a jury demand not later than 10 days after the service of the last document filed directed to the issue that the party wants a jury to decide. See Civil Rule 38.

## **WHAT IS A SUMMONS?**

A summons is the paper that gives formal notice to each defendant telling him or her to appear in court to answer the complaint. The summons tells the defendant that he or she must submit a written answer to the complaint within a specified time.

When you file a complaint, you must complete a summons for each defendant in the case. The Civil Actions Branch Clerk's Office provides a blank summons to the filing party. You must complete the summons, including the name and address of each defendant. In addition, you must print your name, address and telephone number in the lower left corner of the summons.

## **WHAT IS THE CASE INFORMATION FORM?**

The clerk at the window provides a Case Information Form for the filing party to complete and file with the complaint. The Case Information Form lists the different categories of civil cases – for example, breach of contract, personal injury. You should check the category that describes the type of case you are filing.

## **WHAT IS THE CASE NUMBER?**

When the clerk accepts a complaint for filing, the clerk assigns a Civil Action Number to the new case and stamps that number on the complaint and the summons.

You need to have the case number for any future filings in the case or if you want to get information about the case.

## **HOW DOES MY CASE GET ASSIGNED TO A PARTICULAR JUDGE?**

New cases are randomly assigned to one of the judges who handle civil cases. The judge to whom the case is assigned generally handles the case from beginning to end. Sometimes judges move to different assignments on January 1, and if the judge to whom your case is assigned does so, a different judge will take over responsibility for your case.

## **WHAT IS AN INITIAL ORDER?**

Once your case has been assigned to a judge, the Civil Actions Branch Clerk's Office prepares an Initial Order that it attaches to the original complaint and summons while the filing party waits at the window.

The Initial Order is a form generated by the computer that includes the following information:

- when you must file proof that you served each defendant
- when the defendant must file an answer to the complaint
- the name of the judge to whom the case is assigned
- the number and location of the courtroom of the judge to whom the case is assigned
- the time and date of the initial scheduling conference

You must serve the initial order on each defendant along with the complaint and summons.

### **HOW MUCH DOES IT COST TO FILE A NEW CASE?**

It costs \$120.00 to file a complaint, unless you get permission not to pay the fee because you cannot afford it (see page 3 of this handbook). You have to pay this \$120.00 filing fee before the clerk gives you the copy of the complaint, summons and Initial Order to serve on each defendant.

Filing fees can be paid by cash, credit card (American Express, Discover, Visa or MasterCard), certified check, or by personal check, or money order made payable to: "Clerk, D.C. Superior Court." A personal check is only accepted for cases filed in the Civil Actions Branch and must be presented in person with proper ID.

## **SERVING THE COMPLAINT**

### **HOW DO I SERVE THE COMPLAINT ON THE DEFENDANT?**

Serving the complaint, summons and Initial Order means that you provide a copy of these document to each defendant.

You can serve a defendant in any of three ways: by hiring a process server, do so by certified or registered mail, or by first-class mail.

The first way to serve a defendant is by using a process server. A process server is a person who is 18 years of age or older and who is not a party to the case. You do not have to hire a company to serve the papers, but if you do, you are required to pay the costs. See Civil Rule 4(c)(2). The process server must give the complaint directly to the defendant, to an adult residing at the defendant's home or usual place of abode, or to an agent authorized by appointment or law to receive service of process. See Civil Rule 4(e)(2). If you use a process server to serve the defendant, you must file an affidavit by the process server with information about the process server and when and how the process server served the defendant.

You may also serve a defendant by mailing a copy of the complaint, summons and Initial Order by certified or registered mail, return receipt requested. See Civil Rule 4(c)(3).

The third way to serve a defendant is by mailing a copy of the complaint, summons and Initial Order by first-class mail, postage prepaid, to the defendant. The filing party must also include two copies of a Notice and Acknowledgment Form 1-A,

available in the Civil Actions Branch Clerk's Office (Room 5000), Moultrie Courthouse, and a return envelope, postage prepaid, addressed to the sender. See Civil Rule 4(c)(4). The filing party is responsible for filing the Acknowledgment Form, which must contain the defendant's signature acknowledging receipt.

If you get a waiver because you cannot afford to pay court fees without substantial hardship, the court takes responsibility for serving the summons and complaint on the defendant. See page 3 of this handbook.

## **ARE THERE SPECIAL RULES FOR SERVING CERTAIN TYPES OF DEFENDANTS?**

Yes. There are special rules for serving defendants who are not people but organizations.

**Corporations and Associations.** To serve a corporation or association, you must mail a copy of the complaint, summons and Initial Order to a person authorized to accept service for that corporation or association. An authorized person means an officer, managing agent, general agent, or any other agent of the corporation or association authorized by appointment or law to receive service of process. See Civil Rule 4(h)(1). To find out who is designated as the authorized agent for service for a corporation, you can call or visit the DC Department of Consumer and Regulatory Affairs, Corporations Division. The telephone number is (202) 442-4430, and the address is 941 North Capitol Street, N.E., first floor, Washington, DC 20001.

**Partnerships and Unincorporated Associations.** If you sue a partnership or other unincorporated association, you generally have to serve the people who are partners or who make up the association. Those people must be sued and served like any other natural person. See Civil Rule 4(h)(1).

**The District of Columbia and its officers or agencies.** You can serve the District of Columbia and its officers or agencies by either delivering (by special process server) or mailing (certified or registered mail, return receipt requested) a copy of the complaint, summons and Initial Order to the Mayor of the District of Columbia (or designee) and to the Attorney General for the District of Columbia. See Civil Rule 4(j).

To determine the person designated by the Mayor for service of process, you should call (202)727-7306. For the Office of the Attorney General for the District of Columbia, you should call (202)727-6295. The address for the Office of the Attorney General for the District of Columbia is 441 4th Street, N.W., 6th floor south, Washington, DC 20001.

**The United States and its officers or agencies.** The most common and easiest way to serve the United States and its officers or agencies is by sending a copy of the complaint, summons and Initial Order by registered or certified mail to (1) the civil process clerk at the Office of the United States Attorney, Moultrie Courthouse and (2) the Attorney General of the United States, U.S. Department of Justice, 950 Pennsylvania Avenue, N.W., Washington, DC 20530. Other methods of serving the United States and its officer and agencies are explained in Civil Rule 4(i)(A) and (B).

## **WHAT DO I DO IF I NEED MORE TIME TO SERVE THE COMPLAINT?**

You can file a motion for an extension of time for service. However, you must file the motion **before** the end of the time period allowed for service.

## **WHAT SHOULD I DO AFTER I SERVE THE DEFENDANTS?**

You have to file proof of service. Proof of service consists of an affidavit or declaration that provides information about how service was made. Civil Rule 4(m) describes the information you must provide. You must file proof of service with the court within 60 days after you file your complaint. If you do not file the affidavit of service within the allowed time, the clerk will dismiss the complaint.

## **WHAT HAPPENS IF I DO NOT SERVE THE DEFENDANT?**

If you do not serve the defendant within the allowed time, or if you do not file proof that you served the defendant, your case will be dismissed. See Civil Rule 4(m) and Civil Rule 40-III(b).

If your case is dismissed for that reason, you can file a motion for reinstatement of the case. You generally must file the motion within 14 days after the dismissal, and you must pay a \$20.00 fee for filing a motion. See Civil Rule 41(b).

## **ANSWERING THE COMPLAINT**

### **WHAT DOES THE DEFENDANT HAVE TO DO AFTER BEING SERVED?**

The defendant usually has 20 days after being served with the complaint, summons and Initial Order to file an answer or a motion to dismiss the complaint. See Civil Rule 12(a)(1). If the defendant is the District of Columbia, it has 60 days to answer the complaint. The 20-day or 60-day period begins on the day the defendant is served with the summons. If the defendant does not specifically deny an allegation made in the complaint, the judge will treat that as an admission of the allegation. See Civil Rule 8(d).

The defendant must file his answer or motion to dismiss with the court and provide a copy to the plaintiff. Motions to dismiss are discussed on page 15 of this handbook. If a defendant files a motion to dismiss, he or she does not have to file an answer unless the court denies the motion. If the court denies the motion, the defendant then has 10 days to file an answer.

If the defendant thinks he or she has a claim against the plaintiff, the defendant may be able to file a counterclaim. If the counterclaim involves the same circumstances as the complaint, the defendant may have to choose between filing a counterclaim and losing the opportunity to do so at a later time. See Civil Rule 13.

### **WHAT HAPPENS IF THE DEFENDANT FAILS TO ANSWER ON TIME?**

If the defendant fails to answer or does not file a motion for extension of time to answer within this time period, the Clerk will enter a default against the defendant. A default means the plaintiff wins the case and only needs to prove the amount of the claim.

If a default has been issued against you, you may file a motion to remove the default. This motion must be accompanied by a notarized answer setting forth any defenses that you have to the complaint. See Civil Rule 55-II. You must file the motion in the Civil Actions Branch Clerk's Office (Room 5000), Moultrie Courthouse and pay a \$20.00 fee.

## **WHAT DOES THE PLAINTIFF DO IF A DEFENDANT DEFAULTS?**

Once the Clerk enters a default, the plaintiff has 60 days to do one of two things:

First, the plaintiff can request a default judgment from the Clerk by filing an affidavit or declaration (which are discussed on page 12 of this handbook) stating a specific amount in damages that is owed by the defendant. The plaintiff must also serve a copy of the affidavit on the defendant at least 20 days before requesting the default judgment. In addition, the plaintiff needs to complete a form called the "Servicemembers Civil Relief Act Affidavit" verifying that the defaulting party is not in the military. This form is available in Room 5000, Moultrie Courthouse. See Civil Rule 55(b)(1).

Second, the plaintiff can file a motion asking the judge to issue an order that gives you a default judgment. You must file the motion in Room 5000. See Civil Rule 55 (b)(2).

You may need to request an *ex parte* proof hearing. At that hearing, you have an opportunity to prove that you were injured and what your damages are. See Civil Rule 55-II. The party seeking damages must bring proof of his or her damages. Even if the other side defaults, the defendant is entitled to notice of the hearing and a chance to challenge your evidence and to present its own evidence. You may request an *ex parte* proof hearing in Room 5000, Moultrie Courthouse.

If the judge agrees with you at the *ex parte* proof hearing, the court will enter a default judgment. A default judgment gives you the same rights as a judgment entered in your favor after a trial.

## **MOTIONS**

### **WHAT DO I DO TO FILE A MOTION?**

All motions and related papers must contain the following information:

- the name of the court across the top
- the case name and number
- the judge's name and calendar number
- a title that clearly states the action you are requesting the judge to order
- on a separate page, the reasons why the judge should do what you want (referred to as a Memorandum of Points and Authorities)
- a statement in your motion that you tried to get the opposing party to agree to what you are requesting in your motion (Civil Rule 12-I(a))

- a statement called a “certificate of service” that you sent a copy to each other party
- a proposed order for the judge to sign

Here is an example of the format for a motion or document:

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
Civil Division

[Name of plaintiff(s)],	:	
Plaintiff(s),	:	2010 CA 00XXXX
	:	Judge Anthony C. Epstein
v.	:	Calendar 11
	:	Next court date:
[Name of defendant(s)],	:	[next event]
Defendant(s).	:	

[TITLE OF MOTION]

Before you file a motion, you must try to get the opposing party to agree to the relief that you are requesting in any motion. See Civil Rule 12-1(a). If you do not try to get the other parties to agree, the judge can deny the motion for that reason alone. If the motion involves seeking information from the other party, there are special rules for meeting to try to resolve the dispute before going to the judge. See Civil Rules 26(i) and 37(a).

You must bring to the Civil Actions Branch Clerk’s Office a copy of the motion for the Clerk and another copy for the judge (a “chambers copy”). See Civil Rule 5(e).

You must also pay a filing fee of \$20.00. Parties may pay filing fees by cash, money order, or personal check. Personal checks are only accepted for cases filed in the Civil Actions Branch and must be presented in person with proper ID.

All motions and related papers must be on 8-1/2 x 11-inch white paper and signed by the filing party with his or her address and telephone number. See Civil Rule 10-1.

**HOW DO I SERVE A MOTION?**

You can serve a motion on the other side by mailing a copy. If you have Internet access and sign up at the Civil Actions Branch Clerk’s Office, and the other side is represented by a lawyer, you can serve motions electronically.

**WHAT DO I DO TO OPPOSE A MOTION?**

If you oppose another party's motion, you must file a written response explaining the reasons for your opposition.

You must file and serve your opposition to a motion within 10 days after you receive it. See Civil Rule 12-I(e). If you receive the motion by hand delivery, you start to count the 10-day period on the day after you were served, but do not include Saturdays, Sundays or legal holidays in your total of 10 days. See Civil Rule 6(a). For example, if the other side served you on Monday, October 3, 2011, you would have had to file and serve your opposition by Tuesday, October 18, 2011, because you don't count Saturdays, Sundays, and the legal holiday Columbus Day). If you receive the motion by mail, you have an additional 3 days to file and serve an opposition. In the example above, if the other side's certificate of service says it mailed the motion on October 3, your opposition should be filed and served by October 21. See Civil Rule 6(e).

Your opposition must include:

- On a separate page, reasons to support your opposition (referred to as a Memorandum of Points and Authorities)
- A proposed order for the judge to sign
- A statement called a "certificate of service" that you sent a copy to every party

When you bring your opposition to the Civil Actions Branch Clerk's Office to file, you must also bring a copy for the judge, or you may mail the judge's copy directly to the judge's chambers.

#### **WHAT IF I NEED MORE TIME TO FILE OR OPPOSE A MOTION?**

If you need more time, you should contact the other side and see if you can get them to agree to an extension. If the other side does not agree, you must file a motion asking the judge to extend the deadline – and including a certification briefly explaining your efforts to get the other side to agree. Do not assume that the judge will grant this motion.

If you want to extend a deadline that the judge set in an order in your case, you need to file a motion to get the judge's approval even if the other side agrees. The motion should say in the title that it is a "consent motion," which indicates that both sides agree to it. Judges usually grant consent motions.

#### **WHAT IS AN AFFIDAVIT?**

An affidavit is a written statement that you sign before a notary public after you swear or affirm that the information in the statement is true.

Instead of filing an affidavit, you can file a declaration swearing or affirming under penalty of perjury that the facts stated in the document are true and correct. See Civil Rule 9-I(e). Verification by an individual party may be in the form set out in CA Form 101. At the end of the document, include the following statement: "I declare [or certify, verify, or state] under penalty of perjury that the foregoing is true and correct. Executed on [date]." Then sign the document.

## DISCOVERY

### WHAT IS DISCOVERY?

Discovery is how one side gets information from the other side and finds out about what the other side will be saying at trial. Parties may obtain discovery regarding any matter not protected by the law that is relevant to the claim or defense of any party, including information about documents and the identity and location of persons who have information about the facts.

There are four main types of discovery.

1. **Depositions.** A deposition is a chance to get a party or a witness to answer questions under oath before trial. See Civil Rule 30. The party that wants to take the deposition has to give written notice of at least 30 days (70 days if the party to be deposed is the District of Columbia or the United States) to every other party. Depositions usually take place in offices, not at the courthouse. The judge is not present during a deposition. The party who takes the deposition must arrange, and pay, for a court reporter to make a record of the questions and answers. The party who takes the deposition can also videotape it. Unless the parties agree or the court orders otherwise, a deposition is limited to one day of seven hours. A party may also take a deposition on written questions. See Civil Rule 31. A party may be able to use at trial the transcript or videotape of a deposition. See Civil Rule 32.

2. **Interrogatories.** Interrogatories are questions that the other side has to answer under oath. See Civil Rule 33. You cannot serve another party more than 40 written interrogatories, unless the other party agrees or the court allows you to do so. In interrogatories, you can ask another party to identify people who know something about the facts, to identify expert witnesses, and to explain what his/her position is. A party who gets interrogatories generally has 30 days to respond. If the responding party objects to an interrogatory, the party must state the grounds in detail.

3. **Requests for documents.** A party can ask another party to allow him to review and copy documents. See Civil Rule 34. The requesting party must describe the document with reasonable specificity.

4. **Requests for admissions.** A request for admission requires the other side to admit or deny a fact – and to explain why it denies it if it does. See Civil Rule 36. A party can request another party to admit to factual statements or opinions or to the application of law to fact, including the genuineness of any documents described in the request. A party generally has 30 days to respond to a request for admissions. Under Civil Rule 36, the answering party must admit the matter, deny the matter, or set forth in detail the reasons why the party cannot truthfully admit or deny the matter. An answering party may not give lack of information or knowledge as a reason for failure to admit or deny unless the party states that the party has made reasonable inquiry and that the information known or readily obtainable by the party is insufficient to enable the party to admit or deny.

## **SHOULD I FILE DISCOVERY RESPONSES WITH THE COURT?**

No. You should not file discovery responses with the court. You should keep them until the court asks to see them in the future.

## **WHAT HAPPENS IF ONE PARTY THINKS ANOTHER PARTY'S DISCOVERY REQUESTS ARE UNREASONABLE?**

A party can object to another party's discovery requests within the time to respond allowed by the Rules of Civil Procedure. If the requesting party wants to pursue the request, it must (with a few exceptions) schedule a face-to-face meeting to try to resolve the disagreement. See Civil Rules 26(i) and 37(a). Both parties have an obligation to try in good faith to resolve the issue. If the parties cannot agree, the requesting party can file a motion asking the judge to order the other party to provide the discovery it refused to provide. The motion has to include a certification setting forth specific facts describing the good faith effort to resolve the dispute.

## **WHAT IS A PROTECTIVE ORDER?**

A protective order limits discovery or imposes conditions on discovery to protect a party or a person from annoyance, embarrassment, oppression, or undue burden or expense. See Civil Rule 26(c). For example, a protective order can (a) prohibit a party from getting certain discovery or from inquiring into specified matters, (b) prohibit a party from publicly disclosing information obtained in discovery, including confidential personal or business information.

## **WHAT CAN I DO IF I NEED EVIDENCE FROM SOMEONE WHO IS NOT A PARTY TO THE CASE?**

If you need documents from a person or organization that is not a party, and that person or organization will not give you them voluntarily, you can subpoena the records. If you need testimony from a person who is not a party or an employee of a party, you can subpoena the witness to give a pretrial deposition – and to bring documents with him. Civil Rule 45 contains the rules for subpoenas.

You can get a blank subpoena from the Civil Actions Branch Clerk's Office in Room 5000, Moultrie Courthouse, and you should complete it before serving it.

## **WHAT ARE EXPERT WITNESSES?**

Expert witnesses are witnesses with some special knowledge or experience relevant to a case who are allowed to give their opinions. Any party who may want to call an expert to testify at trial has to give the other parties notice – identifying the person and stating the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds for each opinion. See Civil Rule 26(b)(4).

## **BEFORE THE TRIAL**

### **WHEN IS THE FIRST HEARING BEFORE THE JUDGE?**

The first hearing before the judge is the Initial Scheduling Conference. This conference usually occurs within 90 to 120 days after the filing of the complaint. This time is necessary in order to make sure that the defendant will have been served. The date and time of the first court hearing are included in the Initial Order which is issued to the plaintiff when the complaint is filed.

All parties must appear in person or have their lawyer at the Initial Scheduling Conference. See Civil Rule 16(b). The Initial Scheduling Conference usually is held on a Friday morning and lasts approximately 5 to 10 minutes. At this conference, the judge assigns the case to a track. The track determines the deadlines for filing motions, completing discovery, and scheduling an effort to resolve the case through settlement. The judge generally does not set a trial date at the Initial Scheduling Conference; scheduling the trial usually happens at the pretrial conference.

Some judges have additional written rules and procedures. They are available online: [www.dccourts.gov/internet/public/aud\\_civil/generalorder.jsf](http://www.dccourts.gov/internet/public/aud_civil/generalorder.jsf). You also can ask the judge at the Initial Scheduling Conference for a copy of any special rules and procedures.

### **WHAT IF I NEED THE JUDGE TO DO SOMETHING ABOUT AN EMERGENCY BEFORE THE TRIAL?**

If you have a problem with the other side that you think the judge needs to deal with immediately, you can ask for an emergency order. The main purpose of an emergency order is to stop the other side from doing something that cannot be undone and that would hurt you in a way that cannot be fixed at trial by money or in another way. See Civil Rule 65.

There are two types of emergency orders. The first is a temporary restraining order. A judge can issue a temporary restraining order without hearing from the other side if you show in your complaint or an affidavit that you did everything you reasonably could to make the other side aware of the hearing and that any delay in issuing the order would result in irreparable injury to you. A temporary restraining order is valid for no more than 10 days, but the judge may extend that time briefly. If the judge issues a temporary restraining order, the judge will set a date for a hearing on a preliminary injunction as soon as possible.

A preliminary injunction is the second type of emergency order. Judges generally issue preliminary injunctions only after a hearing in which the other side has a right to be present. At the hearing, one or both sides may have to call witnesses to testify under oath. At the hearing, you have to persuade the judge that (1) there is a substantial likelihood that you will prevail in your case, (2) you will suffer irreparable harm if you do not get a preliminary injunction, (3) there will be more harm to you if the judge denies the preliminary injunction request than to the other party if the judge grants it; and (4) the public interest will not be injured by the injunction. You do not have to seek or get a temporary restraining order to apply for a preliminary injunction.

You can get a form to request a temporary restraining order or a preliminary injunction in the Civil Actions Branch Clerk's Office in Room 5000.

### **CAN A DEFENDANT ASK THE JUDGE TO DISMISS THE CASE AT THE BEGINNING?**

The defendant may believe that the plaintiff's claim or claims are false. That does not mean the judge can dismiss the case at the very beginning. Whether allegations are true or false is determined at trial, and the judge cannot short-circuit the process by dismissing the case before each side has a chance to present evidence at trial.

However, if the defendant believes that the plaintiff would not be entitled to any relief even if everything he or she says in his complaint were true, the defendant can file a motion to dismiss. See Civil Rule 12(b)(6). The judge may give the plaintiff an opportunity to provide more specific allegations that justify going forward with the case.

The defendant can also move to dismiss the case on other grounds – for example, because the judge does not have authority to hear the case or because the plaintiff did not serve him properly. See Civil Rule 12(b).

### **WHAT CAN A PARTY DO IF THE OTHER SIDE CANNOT WIN AT TRIAL?**

Either side can file a motion for summary judgment. See Civil Rule 56. Motions for summary judgment are usually filed after all discovery is complete. The party seeking summary judgment must submit affidavits or discovery materials that establish that there is no genuine dispute of fact to be resolved at trial and that the judge or jury would have to return a verdict for that party at trial based on all the evidence. If the party seeking summary judgment does so, the opposing party must submit evidence in the form of affidavits or discovery material that is admissible and would permit a reasonable fact-finder to return a verdict in its favor. The judge will consider the evidence in the light most favorable to the party opposing summary judgment.

### **WHAT IS ALTERNATIVE DISPUTE RESOLUTION OR "ADR"?**

Alternative Dispute Resolution or "ADR" is your chance to have a neutral person help you to try to find a way to resolve your case in a way that is satisfactory to you and that does not involve the delays and burdens of a trial and possible appeal.

An ADR session is scheduled after all discovery is complete and the judge has decided any motions that could resolve the case.

At the Initial Scheduling Conference, the parties select one of three types of ADR to help the parties settle the case. A specific date for the session will be scheduled by the judge at the Initial Scheduling Conference or later by the court's Multi-Door Dispute Resolution Division.

1. **Mediation.** In mediation, an experienced mediator helps the parties communicate their positions on issues and explores possible solutions or settlements.

2. **Case evaluation.** If the judge selects case evaluation, an experienced evaluator listens to informal presentations by the parties. The evaluator then discusses the strengths and weaknesses of each side's case. The evaluator provides the parties with a non-binding opinion as to the likelihood of success at trial and the fair settlement value of the case. The parties can discuss a settlement both before and after the evaluator gives his or her nonbinding evaluation.

3. **Arbitration.** If the judge selects arbitration as the method of ADR, the parties choose the arbitrator and an alternate from a list provided in the courtroom. The parties also decide whether the arbitration will be binding or non-binding. The arbitrator schedules a hearing within 120 days of the scheduling conference. Each side gives an informal presentation of his case. The arbitrator rules on all motions, as if the arbitrator were the judge in the case. After the hearing, the arbitrator issues a written award for one side or the other. If the parties select non-binding arbitration and either party is dissatisfied with the award, the dissatisfied party can request a trial. In binding arbitration, the arbitrator's award becomes the final judgment.

For more information, contact the Multi-Door Dispute Resolution Division. Its telephone number is (202) 879-1549. Its office is at 410 E Street, N.W., Court Building C.

## **WHAT IS THE PRETRIAL CONFERENCE?**

The judge holds a pretrial conference when a case is ready for trial and efforts to resolve it through ADR have failed. If the parties fail to reach a settlement at ADR, they select a date for the pretrial conference in the Multi-Door Dispute Resolution Division. In most cases, the pretrial conference is scheduled approximately 60 days after ADR.

At the pretrial conference, the judge schedules the trial and issues an order setting the guidelines for the trial. Trials are usually scheduled to begin 2-6 months after the pretrial conference.

The parties must meet three weeks prior to the pretrial conference to try to reach an agreement on important issues. See Civil Rule 16(c). At that time, each party must identify each of its trial witnesses, each document or photograph it wants to use at trial, and if it is a jury trial, each jury instruction it wants the judge to give. Two weeks before the pretrial conference, each party must file and serve any motion related to the conduct of the trial, and deliver it to the judge. One week prior to the pretrial conference, the parties file with the court and deliver to the assigned judge a joint pretrial statement that complies with Civil Rule 16(e) and that explains, among other things, any objection each party has to the other party's proposed trial witnesses and exhibits.

At the pretrial conference, the judge may try to help the parties reach a settlement. Each party has to attend in person. If a party is an organization, it must bring a person to the pretrial conference who has authority to settle the case, or it has to get the judge's permission to have that person available by telephone. You must attend the pretrial conference in person. If you fail to attend, the judge may dismiss the case, enter a default, or impose a fine. See Civil Rule 16-II.

## **THE TRIAL**

### **WHAT HAPPENS AT THE TRIAL?**

At the trial, each side has a chance to present evidence about its side of the story. You must be ready to present all the evidence you have that will convince a judge or a jury to decide in your favor. It is usually too late to present new information after the trial has ended.

Evidence includes all of the things you tell or show a judge or jury to prove your case. The kind of evidence you need depends on the kind of case you have. Ask yourself: “what information will convince the jury or judge to do what I am requesting?”

Evidence includes the testimony of witnesses who know or have observed you or the other party and can tell the judge what they have seen or heard first-hand. Usually, a witness can testify only about what the witness saw or heard with his or her own eyes and ears. Only rarely is hearsay evidence – evidence about a written or oral statement that someone made outside the courtroom when he or she was not under oath – admissible. The rules of evidence may permit a party to use a document as evidence.

At the trial, the plaintiff goes first because the plaintiff has the burden of proof. That means it is up to the plaintiff to prove his claim by a preponderance of evidence, which means that the plaintiff has to prove that it is more likely than not that his claim is true.

The defendant can question any witnesses the plaintiff calls. After the plaintiff presents his case, the defendant can call additional witnesses and present other evidence. The plaintiff has the right to question any witnesses the defendant calls.

After the defendant presents his case, the judge may give the plaintiff a chance to present evidence to rebut evidence that the defendant presented and that the plaintiff could not anticipate.

### **HOW DOES THE JURY GET PICKED?**

The basic rules for jury selection are in Civil Rules 47, 47-I, and 48. Individual judges generally have additional rules and procedures for jury selection. Juries in civil cases usually have 8 jurors, and they must all agree on the verdict.

### **WHAT ARE THE RULES OF EVIDENCE IN DC SUPERIOR COURT?**

The rules of evidence used in DC Superior Court have been established through hundreds of cases decided over the years by judges of the DC Superior Court and the DC Court of Appeals. These rules of evidence are not collected in one official book. However, with some exceptions, the DC Superior Court’s rules are the same as the Federal Rules of Evidence, which are available online at [www.law.cornell.edu/rules/fre](http://www.law.cornell.edu/rules/fre). You can find a helpful summary of some rules of evidence on pages 36-44 in the manual for self-represented parties for the federal court in New York City. You can get that

manual online at: [www.nysd.uscourts.gov/file/forms/trial-ready-manual-for-pro-se-litigants](http://www.nysd.uscourts.gov/file/forms/trial-ready-manual-for-pro-se-litigants).

Like lawyers, people who represent themselves in trials are responsible for understanding the rules of evidence. If a party objects and the judge sustains the objection, that means the judge agrees with the legal basis of the objection, and the witness does not have to answer. If the judge overrules an objection, the witness must answer the question. If the lawyer objects and the judge sustains the objection, you can ask the judge to explain why the judge sustained the objection. But the judge may not give either side advice about how to get evidence in or keep evidence out.

## **WHAT SHOULD I DO TO PREPARE FOR TRIAL?**

Here is a checklist that may be helpful:

- Do you have a clear, logical and easy-to-explain theory of the case?
- Have you prepared a notebook or organized your trial materials in some other manner?
- Have you made a list of what you have to prove at trial in order to carry your burden of proof on each of your claims or defenses?
- Have you identified all of your witnesses and potential exhibits – and listed them in the pretrial order?
- Have you anticipated possible objections to evidence that you plan to use at trial, and how you will respond to those objections?
- Have you thought about what evidence your opponent is likely to use at trial and what objections you might make to that evidence?
- Have you considered whether any disputes concerning evidence can, or should, be resolved through a motion before trial?
- Have you prepared questions for each of your witnesses?
- To the extent you can, have you met with and prepared your witnesses?
- Have you prepared questions for each of your opponent's witnesses?
- Have you prepared your opening statement?
- Have you prepared your closing argument?
- Have you made arrangements to ensure that all of the witnesses you need at trial will attend the trial?

## **AFTER THE TRIAL**

### **HOW DO I COLLECT MONEY THE LOSING PARTY IS SUPPOSED TO PAY?**

It is up to the winning party to collect money that the judge ordered the losing party to pay in a judgment.

If you want to get money from the employer or bank of the losing party, you may apply for a writ of attachment. You apply for the writ of attachment in the Civil Actions Branch Clerk's Office (Room 5000), Moultrie Courthouse.

If you do not know whether the losing party has any money or property, you may request an oral examination to determine what assets the defendant has. You may

request an oral examination date for hearing from the Civil Actions Branch Clerk's Office, Room 5000, Moultrie Courthouse.

### **WHAT CAN I DO IF I LOSE AT TRIAL?**

The losing party – either the plaintiff or the defendant – may appeal any decision to the DC Court of Appeals. To begin the appeal, you must file a Notice of Appeal in the Civil Actions Branch Clerk's Office (Room 5000), Moultrie Courthouse. You have to file the notice within 30 days after the docketing date of the judgment order. The Notice of Appeal form is available in the Civil Actions Branch Clerk's Office (Room 5000), of the Moultrie Courthouse.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Paternity & Support Branch**

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**SUBSTITUTE ADDRESS: CHECK BOX IF YOU  
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE  
YOU FEAR HARASSMENT OR HARM.**

Case No. \_\_\_\_\_

IV-D \_\_\_\_\_

Related Cases:  
\_\_\_\_\_  
\_\_\_\_\_

PETITIONER,

v.

\_\_\_\_\_  
PRINT THE OTHER PARENT'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

RESPONDENT.

**PETITION TO ESTABLISH PATERNITY and/or FOR CHILD SUPPORT**

**Are You Asking the Court to Decide Paternity?  yes  no  
Are You Asking the Court to Decide Child Support?  yes  no**

I, \_\_\_\_\_, am the Petitioner in this case and I state that:  
PRINT YOUR NAME

**1. This Court is the proper place to decide my request for establishing paternity and/or child support.**

**2. I state the following about paternity: [CHECK ALL THAT APPLY]**

The child(ren) were born during my marriage to the other party.

The father is named on the child(ren)'s birth certificate(s).

- The other party and I have both signed a written statement under oath admitting paternity.
- The father has signed a written statement admitting paternity.
- Another state has decided paternity.
- There is a genetic test result and a certified affidavit from a laboratory indicating a 99% or greater probability of paternity.
- I may be the father.
- Other:

**3. I am asking to determine paternity for the following child(ren) that I may have with the other party (through birth or adoption):**

Child's Name	Current Address	Date of Birth	Gender

**4. Each party has the legal duty to contribute to the support of our eligible child(ren), including any adult disabled children.**

**5. I state the following about Temporary Assistance to Needy Families (TANF): [CHECK ONE]**

- I am  I am *not* currently receiving Temporary Assistance to Needy Families (TANF).

**6. I state the following about Medicaid and/or DC Healthy Families: [CHECK ONE]**

- I am  I am *not* currently receiving Medicaid and/or DC Healthy Families.

## Request for Relief

**I RESPECTFULLY REQUEST that the Court:** [CHECK ALL THAT APPLY]

- Hold a hearing on this Petition within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NHODA”) to Respondent with the date and time of the hearing.
- Order a paternity test.
- Decide paternity for my child(ren) and order entry of the father’s name on the child(ren)’s birth certificates.
- Award support according to the Child Support Guideline of the District of Columbia and other applicable laws, including:
  - current child support (support starting today and continuing into the future)
  - retroactive child support (support for time before today)
  - medical support
- Order [PRINT ANYTHING ELSE YOU WANT THIS COURT TO DO.]

**I ALSO REQUEST that the Court award any other relief it considers fair and proper.**

[CHECK ONE]

I *do*  I *do not* know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case.

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Petition to Establish Paternity and/or for Child Support and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Respectfully Submitted,

---

SIGN YOUR NAME

---

DATE (mm/dd/yyyy)

---

STREET ADDRESS

---

CITY, STATE AND ZIP CODE

---

TELEPHONE NUMBER

---

EMAIL ADDRESS

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

\_\_\_\_\_  
PRINT PLAINTIFF'S NAME

PLAINTIFF/PETITIONER,

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

DEFENDANT/RESPONDENT.

Case No. \_\_\_\_\_

IV-d \_\_\_\_\_

Judge \_\_\_\_\_

**MOTION TO MODIFY CHILD SUPPORT ORDER  
Does the Other Party Consent to this Motion?  yes  no**

I, \_\_\_\_\_, am the  PLAINTIFF/PETITIONER  DEFENDANT/RESPONDENT in this case.  
PRINT YOUR NAME

**1. This Court is the proper place to decide my request to modify support.**

**2. A support order was entered in this case on** \_\_\_\_\_.  
PRINT DATE OF ORDER

**3. That support order requires:** [CHECK ALL THAT APPLY]

that \_\_\_\_\_ pay current child support in the amount of \$\_\_\_\_\_.  
PRINT NAME OF PERSON PAYING

[CHECK ONE]

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that \_\_\_\_\_ pay past due child support in the amount of \$ \_\_\_\_\_.  
PRINT NAME OF PERSON PAYING

[CHECK ONE]

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party provide medical support in this way:

that I provide medical support in this way:

other:

**4. The support order was entered for the following child(ren) that I have with the other party (through birth or adoption):**

Child's Name	Current Address	Date of Birth	Gender

**5. Since the support order was entered, there has been a substantial and material change in the needs of the child(ren) and/or in the noncustodial parent's ability to pay because**  
 [CHECK ALL THAT APPLY]

I am no longer employed. I have not been employed since \_\_\_\_\_.  
PRINT DATE

I am earning less now than I was earning when the child support order was entered.  
 My current employer is \_\_\_\_\_.  
 I now earn \$ \_\_\_\_\_ per \_\_\_\_\_.

I am currently disabled and unable to work.

I am currently incarcerated and I state the following about my incarceration:

INMATE ID NUMBER \_\_\_\_\_  
 CASE NAME AND NUMBER \_\_\_\_\_  
 COURT NAME AND LOCATION \_\_\_\_\_  
 PLACE OF INCARCERATION \_\_\_\_\_  
 START DATE \_\_\_\_\_  
 ANTICIPATED END DATE \_\_\_\_\_

I am currently supporting my other child(ren) (through birth or adoption):

living in my home

**CHILD'S NAME** **DATE OF BIRTH**

through court-ordered child support payments:

**CHILD'S NAME** **DATE OF BIRTH** **COURT NAME & CASE NUMBER**

The other parent is earning more than s/he was earning when the support order was entered.

The child(ren)'s expenses have changed in this way: [EXPLAIN]

The following child(ren) is (are) not living with the other party: [PRINT CHILD(REN)'S NAME(S)]

The following child(ren) is (are) no longer living: [PRINT CHILD(REN)'S NAME(S)]

The following child(ren) is (are) over 21 years of age: [PRINT CHILD(REN)'S NAME(S)]

The following child(ren), although under 21 years of age, is (are) emancipated because of self-supporting employment, active military duty and/or marriage: [PRINT CHILD(REN)'S NAME(S)]

Application of the child support guideline to the current circumstances of the parents results in a presumptive child support order that varies from the current child support order by 15% or more.

There has been a change in the availability and/or cost of medical insurance for the child(ren).

Other:

**6. I state the following about Temporary Assistance to Needy Families (TANF):** [CHECK ONE]

I am  I am not currently receiving Temporary Assistance to Needy Families (TANF).

**7. I state the following about Medicaid and/or DC HealthCare Alliance:** [CHECK ONE]

I am  I am not currently receiving Medicaid and/or DC HealthCare Alliance.

## Request for Relief

**I RESPECTFULLY REQUEST that the Court** [CHECK ALL THAT APPLY]:

- Hold a hearing on this Motion within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to the other party with the date and time of the hearing.
- DECREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
- INCREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
- SUSPEND the child and/or medical support order for a specific period of time.
- TERMINATE the child and/or medical support order.
- Other:

**I ALSO REQUEST that the Court award any other relief it considers fair and proper.**

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE (mm/dd/yyyy)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

**SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE’S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.**

**POINTS AND AUTHORITIES IN SUPPORT OF  
MOTION TO MODIFY CHILD SUPPORT ORDER**

In support of this Motion, I respectfully refer the Court to:

1. D.C. SCR-Dom. Rel. R. 7(b) (2009).
2. D.C. Code §§ 16-916.01(r), 16-916.01(t) and 46-204(a) (2009).
3. The record in this case.
4. The attached supporting document(s), *if any*.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

**RULE 4 (a)(2) and DC CODE § 46-206  
CERTIFICATE OF SERVICE**

WHEN YOU FILE YOUR MOTION TO MODIFY, THE FAMILY COURT CENTRAL INTAKE CENTER WILL ISSUE A **NOTICE OF HEARING AND ORDER DIRECTING APPEARANCE (NOHODA)** THAT YOU MUST SERVE ON THE OTHER PARTY WITH A COPY OF YOUR MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING DATE GIVEN ON YOUR NOHODA.

HERE ARE THE WAYS YOU CAN SERVE THIS MOTION TO MODIFY AND THE NOHODA:

- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **hand it to the other party**; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's home** with a person of suitable age and discretion who lives there; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's workplace** with a person of suitable age and discretion; or
- **by mailing it to the other party** by certified mail, return receipt requested and by first-class mail on the same day.

IF THE RETURN RECEIPT ("GREEN CARD") COMES BACK TO YOU, AND IT IS SIGNED BY THE OTHER PARTY OR BY A PERSON OF SUITABLE AGE AND DISCRETION WHO LIVES WITH THE OTHER PARTY, FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER. IF THE RETURN RECEIPT ("GREEN CARD") DOES NOT COME BACK TO YOU, BUT THE FIRST-CLASS MAIL ALSO DOES NOT COME BACK TO YOU, THE SERVICE IS STILL OKAY.

**AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NOHODA AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER.**



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
FAMILY COURT and CIVIL DIVISION

\_\_\_\_\_  
Plaintiff/Petitioner

v.

Case no: \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent

**APPLICATION TO PROCEED WITHOUT PREPAYMENT  
OF COSTS, FEES, OR SECURITY (*In Forma Pauperis*)**  
Form 106A

I, \_\_\_\_\_ am the (check one)

- Plaintiff/Petitioner     Defendant/Respondent

I need an interpreter for this case. I speak the following language:  
\_\_\_\_\_ [Insert Language].

I respectfully ask permission to proceed in this case without pre-paying costs or fees and without giving security for them because I am not able to do so without substantial hardship to myself or to my family. In support of this request, I state the following:

Check and answer only those that apply.

**INCOME**

1. I receive the following public benefits, and the law presumes that I am eligible to proceed without prepayment of costs, fees, or security (see D.C. Code § 15-712):

- Temporary Assistance for Needy Families (TANF)
- General Assistance for Children (GAC)
- Program on Work, Employment and Responsibility (POWER)
- Supplemental Security Income (SSI)

2. Even though I do not receive the above public benefits, I receive the following similar benefits and, therefore, request that my Application be approved:

- Interim Disability Assistance (IDA) because my SSI application has not been approved/certified
- Medicaid
- DC Healthcare Alliance or the following similar health benefits (describe)\_\_\_\_\_.

If you checked any of the above boxes, you do not need to answer any more questions and may skip to the section called "Declaration." Otherwise, you must answer the rest of the questions on this form. If additional information is required, you will be notified.

3. My total income over the past 12 months from all sources (including, but not limited to, my job, other wages or business income, rental income, pensions, annuities or life insurance payments, worker's compensation, unemployment compensation or insurance, annual interest or dividends, gifts, alimony or spousal support, inheritance or trust income) is \$\_\_\_\_\_.

4. I am presently unemployed. The last date I worked was on \_\_\_\_\_' \_\_\_\_\_.  
Month Year

**DEPENDENTS**

5. How many people live in your household and depend on you for support: \_\_\_\_\_. Of these people, how many are minor children or elderly? \_\_\_\_\_.

**ASSETS**

6. I state the following about my property:

I have \$\_\_\_\_\_ in cash, including money in savings or checking accounts.

I own the vehicles, personal home, other real estate, stock, bonds, or other valuable property, besides household furnishings and clothing, listed below:

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List the Property

**EXPENSES**

7. This is my best estimate of the monthly expenses for myself and the people in my household who depend on me for support:

Housing (rent, mortgage, taxes, & insurance): \$\_\_\_\_\_

Public Transportation and Gasoline: \$\_\_\_\_\_

Automobile Loan, Insurance, Maintenance: \$\_\_\_\_\_

Health (medical, dental, vision, prescriptions, insurance): \$\_\_\_\_\_

Food and other Household Necessities: \$\_\_\_\_\_

Utilities (including gas, electric, water, phone, internet): \$\_\_\_\_\_

Clothing: \$\_\_\_\_\_

Child Support: \$\_\_\_\_\_

Childcare (including diapers, daycare): \$\_\_\_\_\_

Other (explain in detail): \$\_\_\_\_\_

**Total Estimated Monthly Expenses: \$\_\_\_\_\_**

**OTHER SPECIAL CIRCUMSTANCES**

- 8. (Optional) Explain any other special circumstances that you want to have considered in support of your request, including any large monthly expenses, debts, wage or bank account garnishments, and/or judgments.

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**DECLARATION**

**REQUIRED:** I solemnly swear or affirm under criminal penalties for the making of a false statement, which includes 180 days in jail or a \$1,000 fine or both, that I have read this Application and that the factual statements made in it are true to the best of my personal knowledge, information and belief.<sup>1</sup>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**POINTS AND AUTHORITIES IN SUPPORT OF APPLICATION TO  
PROCEED WITHOUT PREPAYMENT OF COSTS, FEES, OR SECURITY**

1. D.C. Code § 15-712.
2. D.C. Code § 22-2405.
3. Civil Rule 54-II, Domestic Relations Proceedings Rule 54-II, and Family Rule R.
4. *Adkins v. E.I. Du Pont de Nemours & Co., Inc.*, 335 U.S. 331 (1948).
5. *Harris v. Harris*, 137 U.S. App. D.C. 318, 322, 424 F.2d 806 (1970), *cert. denied*, 400 U.S. 826 (1970) (“*in forma pauperis* relief not limited to those who are public charges or absolutely destitute”).
6. *Green v. Green*, 562 A.2d 1214 (D.C. 1989) (statute “effectuates the fundamental principle that every litigant should be provided equal access to the courts without regard to financial ability”).
7. *Herbin v. Hoeffel*, 727 A.2d 883, 887 (D.C. 1999) (court officers serve process in *in forma pauperis* cases).
8. *Cabillo v. Cabillo*, 317 A.2d 866, 866 (D.C. 1974) (per curiam) (reversing denial of *in forma pauperis* status and mandating granting of petition where litigant’s income “only slightly above the welfare standard”).

\_\_\_\_\_  
<sup>1</sup> When you come to court, you may be asked questions about this Application. If your responses are not truthful, you could face additional criminal penalties.

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
FAMILY COURT and CIVIL DIVISION

\_\_\_\_\_  
Plaintiff/Petitioner

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent

**ORDER**

Having considered  Plaintiff/Petitioner's  Defendant/Respondent's Application to Proceed without Prepayment of Costs, Fees, or Security, it is hereby ordered that the Application is:

- GRANTED** in this Family Court case and, pursuant to Domestic Relations Rule 54-II, witnesses will be subpoenaed without prepayment of witness fees;
- GRANTED** in this Civil Division case and, pursuant to Civil Rule 54-II, the officers of the Court will issue and serve all process; witnesses will be subpoenaed without prepayment of witness fees;
- DENIED**
  - For the following reasons: \_\_\_\_\_  
\_\_\_\_\_
  - For the reasons stated on the record in open court and in the presence of the applicant or his or her counsel;

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

# Help Yourself



## Child Support in D.C.

Each child is entitled to be supported by both parents, and all parents have a legal duty to support their children. Court-ordered child support is usually money, but may also include medical support, such as health insurance or assistance with medical expenses.

■ **Who can receive child support?** Generally, when the child lives most of the time with one parent, that parent has a right to receive child support from the other parent. A parent does not need a court order giving him or her legal or physical custody of the child in order to receive child support.

■ **Who needs to pay child support?** Generally, when the child lives most of the time with one parent, the parent who does not live with the child, or who visits the child, has a duty to pay child support.

■ **What if we have shared physical custody?** Even if the child lives with each parent at least 35 percent of the time, one parent might still need to pay child support. Generally, if the child spends approximately the same amount of time with each parent, the parent who earns more may need to pay child support to the other parent.

■ **What if someone else, such as a grandparent, is taking care of the child?** Generally, when the child lives most of the time with someone other than a parent (a caregiver), that person has a right to receive child support from the parents. Caregivers may be grandparents, other relatives, godparents, or others. Caregivers may choose to pursue child support from one or both parents. A caregiver does not need a court order giving him or her legal or physical custody of the child in order to receive child support.

■ **When can I file a child support case?** You can file a child support case in D.C. anytime after the fourth month of pregnancy, but before the child turns 21 years old.

■ **What if we live in different states?** In most situations, the child support case must be filed where the parent who owes child support lives. For example, if the child lives with her mother in

D.C., but the father lives in Pennsylvania, the child support case would usually be filed in Pennsylvania. However, the case could be started in D.C. (usually through the Child Support Services Division (CSSD) of the Office of the Attorney General (OAG) for the District of Columbia) and then transferred to Pennsylvania, so that the mother would not have to travel to Pennsylvania.

In certain circumstances, you can file in D.C. against a parent who does not live here. The circumstances include:

- The child may have been conceived in D.C.;
- The noncustodial parent used to live in D.C. with the child;
- The noncustodial parent used to live in D.C. and, while living in D.C., paid prenatal expenses or other support for the child;
- The child lives in D.C. because of something the noncustodial parent did to cause the child to live in D.C.;
- The noncustodial parent consents to a child support case in D.C. (to show his or her consent, the noncustodial parent must appear in court or file certain legal documents in the child support case); OR
- The noncustodial parent is personally served with the court papers in D.C.

■ **How much child support will the court order?** The D.C. Child Support Guideline is the law that determines the amount of child support that must be paid. The Guideline sets the presumptive amount. This is the amount that the judge must order in most cases. However, the parents can agree to a different amount, or under limited circumstances the judge can decide that a higher or lower amount must be paid.

# Help Yourself Child Support in D.C.

The Guideline is essentially a mathematical calculation. By law, only certain kinds of information are used to calculate the Guideline amount. They include:

- The gross income of both parents;
- The amount of any court-ordered child support paid by either parent for another child;
- The cost of the child's health insurance premiums and extraordinary medical expenses;
- The cost of reasonable childcare expenses for the child;
- The number of children in the child support case;
- The number of other biological or adopted children living in each parent's home; and
- The amount of time the child spends with each parent.

To figure out the Guideline amount of child support in your case, you can use the Child Support Guideline calculator at <http://csgc.oag.dc.gov/application/main/intro.aspx>.

■ **How long does child support last?** In DC, the duty to provide child support lasts until the child is 21 unless the child is emancipated. Emancipation can happen before age 21 if the child gets married, joins the military, or becomes self-supporting. The emancipation age is set by the state that issued the first child support order. If D.C. issues the first support order, the emancipation age will be 21, even if the parents later move to another state where the emancipation age is younger.

■ **Can the amount of child support be changed?** Yes. Either parent can file a motion to modify child support, asking the court to increase, decrease, suspend (stop for a period of time) or terminate (end altogether) the child support order.

The parent filing the motion to modify must show that there has been a substantial and material change in the parent's ability to pay or in the needs of the child. Generally, this means that the new child support order amount must be different from the current order by 15 percent or more. Some things that may result in a substantial and material change include:

- A change in custody arrangements;
- A job change, such as when either parent gets a new job, loses a job, or retires;
- A health change, such as when either parent cannot work because of health problems or receives short- or long-term disability;

- A change in the health of the child;
- A change in the public benefits received by either parent or the child;
- The incarceration of the parent who pays the support;
- The emancipation of the child.

■ **When should I file a motion to modify child support?** You should file a motion to modify child support as soon as there is a change in circumstances that may cause an increase or decrease in the child support order. If the judge grants the motion to modify, the new amount can start on the date you filed the motion, but not any earlier. For example, if you lose your job in January but do not file your motion to decrease until July, even if the judge reduces your child support order, you will still be responsible for paying the higher amount for each of the months from January until the date you filed in July. Or, if you are sent to jail but do not file your motion to suspend until you are released, you will still be responsible for paying the child support that was owed while you were in jail.

■ **How can I start a child support case or change a child support order?** There are three ways to start a child support case or change a child support order. You can (1) ask the Child Support Services Division of the Office of the Attorney General to file a case, (2) you can hire a private attorney to file for you, or (3) you can file on your own. To file on your own, you can get the necessary court pleadings at [www.dcbbar.org/pleadings](http://www.dcbbar.org/pleadings), or at the D.C. Superior Court Family Court Central Intake Center (500 Indiana Avenue NW, room JM-540), open Monday through Friday, 8:30 a.m. to 5:00 p.m.

■ **For more information,** you can visit the Family Court Self-Help Center, a free walk-in clinic located in the DC Superior Court, 500 Indiana Avenue, NW, in Room JM-570. The Center is open Monday through Friday, 8:30 a.m. to 5:00 p.m. The Center can explain the process to you, help you complete the proper legal papers, and direct you to other free legal resources. Visit [www.lawhelp.org/dc](http://www.lawhelp.org/dc) for more information, including how to contact free legal assistance organizations, or call the D. C. Bar Legal Information Helpline at 202-626-3499 to listen to recorded messages about this issue.

*The D.C. Bar Pro Bono Program provides general information only. This is not legal advice. You can only obtain legal advice from a lawyer. If you need legal advice for a specific situation, contact an attorney. We make every effort to keep the legal education materials up-to-date, but laws change frequently. Therefore the D.C. Bar Pro Bono Program does not guarantee the accuracy of this information.*



# Help Yourself

## Child Support in D.C.: Starting a Case

There are four different ways you can begin a child support case.

**1. ASK THE D.C. CHILD SUPPORT SERVICES DIVISION TO HELP YOU.** The Child Support Services Division (CSSD) is a D.C. agency whose attorneys help custodial parents establish and enforce paternity and child support orders. If you receive Temporary Assistance for Needy Families (TANF), CSSD will help you for free. If you are not on TANF, CSSD will help you for \$5 (money order or check only). Additional charges for some services may be applied or deducted from any child support collected.

■ **How can I apply?** Call 202-442-9900 to schedule an appointment or request an application. Or go to the website at <http://www.csed.dc.gov> to download an application. Complete and sign the application. Enclose copies (not originals) of:

- Each child's birth certificate and social security card;
- Any separation agreements, divorce decrees, and custody orders;
- Any existing child support orders;
- Proof of your income;
- Proof of any health insurance and child care expenses for each child;
- A photo of the other parent, if you have one.

■ **Take or mail the application packet to:**

Child Support Services Division  
Office of the Attorney General  
441 4th Street NW, Suite 550 North  
Washington, DC 20001

■ **How else can CSSD help me?**

To find out more, you can call or visit the office. The hours are Monday through Friday, 8:15 a.m. to 4:45 p.m.

**2. APPLY FOR A FREE LAWYER.** There are several free legal assistance organizations in D.C. that help people with low income with child support cases. Check [www.lawhelp.org/dc](http://www.lawhelp.org/dc) or the Family Court Self-Help Center (see end of this sheet) for updated information on programs handling child support matters.

**3. BE YOUR OWN LAWYER.** You do not need a lawyer to start a child support case. You can get the necessary legal papers (*pleadings*) at [www.dcbbar.org/pleadings](http://www.dcbbar.org/pleadings), or at the D.C. Superior Court Family Court Central Intake Center (500 Indiana Avenue NW, room JM-540), open Monday through Friday, 8:30 a.m. to 5:00 p.m. For more information, see the information sheet "Child Support in D.C.," which explains how child support is decided.

■ **First, File the Pleadings.** Fill out a Petition to Establish Paternity and/or for Support. Take your papers to the D.C. Family Court Central Intake Center. You will need to pay an \$80 filing fee (cash or money order). If you cannot afford the fee, read the information sheet "Fee Waivers in D.C." which explains how to ask the court to let you file without paying court fees and costs. On the same day that you file your case, you will get a hearing date, which will be within 45 days. The Central Intake Center will give you a Notice of Hearing and Order Directing Appearance (NOHODA), which will show your hearing date.

■ **Next, Serve the Pleadings.** You must get the other parent served with copies of the petition and NOHODA. There are four different ways you can do this:

1. *Personal Service:* Ask an adult who is not involved in the case to hand the petition and NOHODA personally to the other parent. You cannot do this yourself. You can ask a friend, a relative, or a professional process server to serve the papers.

# Help Yourself

## Child Support in D.C.: Starting a Case

2. *Substitute Service at Home:* Ask an adult who is not involved in the case to hand the petition and NOHODA personally to another adult who actually lives in the same home as the other parent. You cannot do this yourself. You can ask a friend, a relative, or a professional process server to serve the papers.
3. *Substitute Service at Work:* Ask an adult who is not involved in the case to hand the petition and NOHODA personally to another adult who works at the other parent's place of employment. You cannot do this yourself. You can ask a friend, a relative, or a professional process server to serve the papers.
4. *Certified Mail and First-Class Mail:* Mail the petition and NOHODA by certified mail, return receipt requested, to the other parent. You can do this yourself at the post office. The post office will mail the return receipt ("green card") back to you after the letter is delivered. On the same day that you mail the petition and NOHODA by certified mail, mail a second copy of NOHODA by first-class mail to the other parent. The court will consider service "good" if (1) the other parent signs the return receipt; (2) another adult who actually lives in the same home as the other parent signs the return receipt; or (3) no one signs the return receipt, but the copy sent by first-class mail is not returned to you.

■ **Then, File an Affidavit of Service.** An Affidavit of Service is a sworn statement about how the other parent was served. You must file your affidavit at the Family Court Central Intake Center. If the other parent was served by personal or substitute service, the adult who served them must complete the affidavit. If you served the other parent by certified and first-class mail, you must complete the affidavit.

■ **Attend Your Hearing.** Bring proof of your income, health insurance expenses for the child, child care expenses, any extra expenses for the child, and any information about the other parent's income that you have.

4. **HIRE A PRIVATE LAWYER.** For a list of private lawyers who handle child support cases, call the Bar Association of D.C.'s Lawyer Referral Line at 202-296-7845. The referral charge is \$39.95. This includes the first 30 minutes with the lawyer. You can also check the Yellow Pages or get referrals from family and friends.

■ **For more information,** you can visit the Family Court Self-Help Center, a free walk-in clinic located in the DC Superior Court, 500 Indiana Avenue, NW, in Room JM-570. The Center is open Monday through Friday, from 8:30 am to 5:00 pm. The Center can explain the process to you, help you complete the proper legal papers, and direct you to other free legal resources. Visit [www.lawhelp.org/dc](http://www.lawhelp.org/dc) for more information, including how to contact free legal assistance organizations, or call the D. C. Bar Legal Information Helpline at 202-626-3499 to listen to recorded messages about this issue.

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## Child Support Services Division

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### Establishing Parentage and Paternity

Establishing parentage is important for both the child and the father and must be done before a child support order can be established. There are several ways that parentage can be established.

#### 1. Automatic Legal Relationship

If the parents are [married](#) or in a registered [domestic partnership](#) when the child is born, there is an automatic legal relationship between the mother's spouse or the domestic partner and the child. The spouse's or domestic partner's name will be placed on the [birth certificate](#). The mother's spouse or domestic partner is presumed to be the child's parent by virtue of the legal union.

In the District of Columbia, when a child is born to unmarried parents or parents who are not in a domestic partnership, there is no automatic legal relationship between the father and the child. There are two other ways to establish parentage for a child.

#### 2. Voluntary Acknowledgment of Paternity (AOP)

Parentage can be established for a child if a mother and father voluntarily sign an [Acknowledgement of Paternity](#). This method is available to parents if the mother was not married or in a registered domestic partnership at the time of birth, conception or anytime in between. If both parents complete the AOP form, they don't have to go to court to establish parentage for their child(ren), and the father's name will be placed on the birth certificate.

#### 3. Court Order

CSSD can help parents establish parentage through the court:

- **Filing a Petition** - If the person you suspect to be your child's parent disputes that he or she is the child's parent, you can establish parentage through CSSD. The Child Support office can help you file a petition with the DC Superior Court. This petition will name the individual you suspect is your child's legal parent and request a child support order.
- **Court Hearing** - The DC Superior Court will hold a hearing, which the mother and potential parent must attend. At this hearing, the potential parent has a chance to admit if he or she is the child's legal parent.
- **Genetic Testing** - If the man named as the child's father is not sure if he is the father, or denies that he is, the court may order a genetic test. If the test proves he is the child's father, the court will issue an order that establishes the child's paternity. This order is legal proof establishing your child's parentage.

Orders of parentage may not be rescinded by the named parent. If an individual wants to contest an order of parentage, he or she must file a motion with the court to have the order overturned.

#### Why Establishing Parentage Is Important

- It creates a legal bond between parent and child.
- Children with parental figures are more likely to stay in school, avoid drugs and crime, and become responsible adults.
- Your child's legally established parent may be required by a court to pay child support and provide health insurance coverage for your child.
- Outside of a legal union, parentage must be established before your child's birth certificate will show the name of the other parent.
- Your child may be eligible for Social Security benefits if a parent becomes disabled or is deceased.
- Your child may be entitled to his or her parent's life insurance benefits.
- Your child may share a right to inherit property from his or her parent's estate.
- Children have access to their parents' medical history.
- Your child may be eligible for medical coverage and life insurance benefits if his or her parent currently works or previously worked for the military.

# Child Support Guideline Calculator

<http://csgc.oag.dc.gov/application/main/intro.aspx>

The Child Support Calculator will ask you a series of questions designed to determine the ability of each parent to pay and the needs of the child(ren). The Child Support Calculator is based on the DC Child Support Guideline, which was revised effective April 1, 2007. You may find the following documents helpful when using the Child Support Calculator:

- Pay statements
- W-2 forms
- Custody order for child(ren) in the case
- Child support orders for children living in either parent's home
- Divorce orders for both parents that contain alimony
- Employer-provided health insurance cost breakdown that shows individual plan and family plan costs
- Proof of medical expenses not covered by insurance
- Letters from Social Security Administration showing SSDI or SSI benefits
- Worker's Compensation statement
- Veteran's benefits statement
- Any other evidence of either parent's income

# Resources for Fathers

## Latin American Youth Center (LAYC)

(202) 319-2272 or (202) 319-2267

<http://www.layc-dc.org/index.php/programs/social-services/prevention/37-responsible-fatherhood.html>

The goal of LAYC's Responsible Fatherhood Program is to increase the ability of young fathers to be responsible and involved parents who have meaningful relationships with their children. The program embraces a positive youth development model and provides a range of services including: effective parenting, educational, and life skills development; domestic violence prevention and conflict resolution; substance abuse prevention; mentoring; childcare; individual case management; family events; and information and referrals to health care, daycare, housing, employment, legal aid, and other services. Participants who successfully complete the program are eligible to join the Dad's Club, which encourages personal growth and creative expression through collaboration on dynamic projects in media, the arts, and leadership development. LAYC's Responsible Fatherhood Program primarily works with adolescent and young fathers, ages 11 to 24 years old.

## Concerned Black Men National

(202) 783-6119

<http://www.cbmnational.org/>

Concerned Black Men National's Fatherhood Initiative aims to improve parenting practices through parent education, family skills training, parenting group rap sessions, father mentoring, short-term counseling and mediation, and referrals to mental health, substance abuse, domestic abuse, and other prevention-type services. Goals of the program include enhancing co-parenting among couples participating in the project, reducing father-partner conflict among couples completing the project, and helping parents achieve goals related to limited setting, discipline, parental efficacy, and family organization.

## Healthy Babies Project

(202) 396-2809

<http://www.healthybabiesproject.org/services/>

Healthy Babies Project offers several services aimed at helping at-risk D.C. families have healthy babies. The Teen Parent Empowerment Program (TPEP) provides health education and services to young adults ages 12-21. These services are aimed at helping young adults become responsible parents, preventing repeat pregnancies, assisting young adults in completing high school or GED programs, and moving families out of the cycle of poverty. "TPEP The Remix" is an extension of the TPEP program, which offers TPEP graduates continued support, with a primary focus on safe sex and financial issues, and weekly "remix" meetings. Healthy Babies Project also offers home visiting and support programs; "Developing Dads," a weekly support and counseling program for men; and "Confident Parenting," a parenting skill-building program for parents of African-American children.

## Mary's Center

(202) 483-8196

<http://www.maryscenter.org/course/father-child-program>

Mary's Center Father-Child Program is designed to help men develop the attitude, knowledge, and skills to become involved in and connected to their children's lives. Father-Child has three main components: home visits, sports activities, and quarterly fatherhood outings. During home visits, fathers receive social support services, training, and advocacy services. Sports activities are designed to promote healthy habits and behaviors among fathers, while providing them with an outlet from the stress of their daily routine. Quarterly fatherhood outings are activities designed for the whole family that promote recreation, quality time, and family bonding.



## The Unique Needs of Young Fathers

Adolescent fathers have remained an understudied and underserved population.<sup>1</sup> While teen fatherhood appears to be associated with similar consequences to those observed for teen mothers,<sup>2</sup> most national programs serving low-income families focus on mothers rather than fathers.<sup>3</sup> Recently, attempts to include young fathers in services have increased, but relatively few programs for young fathers exist.<sup>4</sup>

### FAST FACTS

#### Adolescent Male Sexual and Reproductive Health

- Without responsible and proper condom use, young men face an increased risk of unintended pregnancy and STIs.<sup>5</sup>
- Most sexually experienced teenage males have used condoms, but they tend to use them inconsistently. Less than half of teenage males reported use of condoms 100% of the time they had sexual intercourse during the last year.<sup>6</sup>

***Teen males have high levels of involvement in social institutions, providing many settings to involve them in pregnancy prevention.***

- Rates of STIs are higher among young men; especially poor, minority men in their early 20s.<sup>7</sup>
- AIDS is the seventh leading cause of death among young men ages 15-24 and an estimated 600,000 American men live with HIV.<sup>7</sup>
- Most causes of adolescent male morbidity and mortality are preventable.<sup>8,9</sup>

#### Adolescent Fatherhood

- Teenage males have high levels of involvement in key social institutions, providing many settings in which to contact and involve them in pregnancy prevention efforts.<sup>5</sup>
- Despite the stereotypes, there is increasing evidence that teen fathers want to be (and are) involved with their children, though this involvement may not always include financial support.<sup>10,11</sup>
- Teen fatherhood appears to be associated with negative consequences, both for the father and

child, that are similar to those observed among teen mothers.<sup>2</sup>

- These consequences include reduced educational attainment, greater financial hardship, and less stable marriage patterns for the teen parent, along with poorer health, educational, and behavioral outcomes among children born to teen parents.<sup>2,12,13,14</sup>
- Young fathers are more likely to have economic and employment challenges and are more often economically disadvantaged than adult fathers.<sup>15,16</sup>
- Young fathers face premature role transition, which causes added stress to their lives.<sup>17</sup> These young men are expected to mediate both the transition to parenthood and the tasks of adolescent development.<sup>4</sup>

#### Risk Factors

- Many studies have found a correlation between teenage fatherhood and delinquency, however, not all teen fathers are criminals and they should not be stereotyped as such.<sup>18,19</sup>
- The multiple risk factors involved include:
  - Low academic performance and early school dropout<sup>20</sup>
  - Low family income<sup>20,21</sup>
  - Antisocial behavior<sup>22</sup>
  - High arrest rates<sup>20</sup>
  - Deviant peer association<sup>21,22</sup>
  - Living in neighborhoods characterized by poverty<sup>20</sup>

#### Research Gap

- There are few research studies which look at the unique needs of teen fathers and few programs that address their needs because:

- Early studies of teen fathers assumed they were psychologically unstable and stigmatized teen fathers.<sup>22</sup>
- There are fewer teen fathers than teen mothers.<sup>21</sup> A large percentage of fathers involved in teen pregnancies are 20 years old or older.
- Paternity is harder to determine than maternity. It is harder to reach teen fathers than teen mothers.<sup>21</sup>
- Teen fathers may be reluctant to become involved in research studies because they may fear attempts to collect child support or punishment for their involvement in the pregnancy.<sup>23</sup>

- Given that teen parents are more likely to seek health care for their children than themselves, pediatricians and other health care providers can build on their established relationship as the child's provider and pay attention to the needs of the adolescent parent as well.<sup>35</sup>

### **Key Focus Areas for Young Fathers' Programs to Address**

- Financial and personal self-sufficiency<sup>36</sup>
- Gainful employment and job skills<sup>37</sup>
- Education completion<sup>37</sup>
- Effective parenting skills<sup>36</sup>
- The legal aspects of fatherhood<sup>36</sup>
- Behavioral issues<sup>36</sup>
- Delay of future unplanned pregnancies<sup>37</sup>
- Self-esteem<sup>38</sup>
- Community involvement<sup>38</sup>

### **Opportunities for Health Care Providers**

- Factors that create barriers to care among adolescent males include lower socioeconomic status,<sup>24</sup> lack of health insurance,<sup>25,26</sup> and lack of a regular source of care,<sup>27</sup> whereas factors that promote adolescent male access to care include the availability of confidential services,<sup>28,29</sup> gender of the provider,<sup>30</sup> assistance with appointment making,<sup>31,32</sup> and school-based health clinics.<sup>33</sup>
- It is essential for health care providers to offer ongoing conversation, consistent reinforcement and structured support to the adolescent parent.<sup>34</sup>

### **RESOURCES**

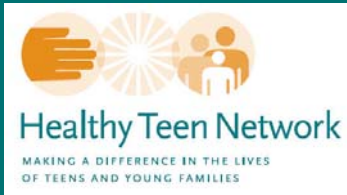
**Healthy Teen Network:** [www.healthyteennetwork.org](http://www.healthyteennetwork.org)

**The Prevention Researcher:** [www.tponline.org](http://www.tponline.org)

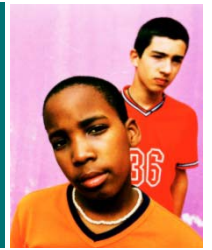
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**Resource Guide of Best Practices for Pregnant and Parenting Teen Programs: Teen Father Services:** [www.center-school.org/education/ppt/pptfather.htm](http://www.center-school.org/education/ppt/pptfather.htm)

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# Advocacy Resource Guide



*Making a Difference . . .*

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## Sexual and Reproductive Health Needs of Young Men

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### *ISSUE IN BRIEF*

Sexual and reproductive health needs of young men have been continually ignored by government, health professionals and social programs. The implicit assumption buried within this omission is that pregnancy prevention, teen pregnancy, and parenting are female concerns about which only women should be educated. However, successful prevention policies and programs require the involvement and education of young males. Increasing awareness about the male role in pregnancy and parenting, as well as providing counseling on sexual and reproductive needs, exposing gender stereotypes and fostering healthy relationships is crucial to shaping young men into knowledgeable and responsible adult men, fathers, citizens and partners. For this reason, the notable absence of educational resources and research studies regarding the sexual and reproductive health needs of young men necessitates immediate attention and resolution.

### *Putting Healthy Teen Network's Advocacy Resource Guides to Work*

**You can use Healthy Teen Network's Advocacy Resource Guides to:**

1. Urge local and state policymakers to address issues that are important to the health and success of today's youth.
2. Educate school administrators or health care officials about unique issues facing adolescents.
3. Engage with the media (e.g., in a letter to the editor or an interview) using effective language to frame an issue facing youth.
4. Present to funders on why they should invest in your work with or on behalf of youth.
5. Connect to more information on youth issues and other organizations advocating for youth.

# BACKGROUND INFORMATION

## The Concern

The sexual and reproductive health and development of young men is a policy concern that has been largely ignored at all levels of government decision-making. Services for males have traditionally not been included in educational or clinic-based efforts to reduce the incidence of teen conception or childbearing. Although Title X of the Public Health Service Act has been funding male and particularly adolescent male, reproductive health services for over a decade, services do not always reach the intended population.

***“It is evident that there is a pressing need for effective outreach and promotion of young male services.”***

The lack of access of adolescents and young men to preventive care is a major issue. For example, very few gender- and age-appropriate settings for reproductive and sexual health services exist. Moreover, there is a lack of health insurance coverage for young men. (1) For these and other reasons, many young men may not take advantage of services even when they are available. It is evident that there is a pressing need for effective outreach and promotion of young male services.

Historically, a great deal of attention has been paid to women’s needs around their sexual and reproductive health as they enter adolescence, while attention to the needs of young men has only begun to gain attention over the last decade. We are increasingly aware of the need to engage young men in family planning and safer sex education if we are to address teen pregnancy and sexually transmitted infections (STIs), including HIV/AIDS prevention more effectively within the adolescent population.

## Prevalence

In the United States, half of all pregnancies are unintended (CDC, 2001) and there are 820,000 teenage pregnancies a year. (2) By the age of 17, most American males have begun to engage in sexual intercourse and the median age for first marriage 27.6. (3) So basically, the average male is sexually active and unmarried for at least ten years before ostensibly settling down to one partner. This opens up a decade of public experience and contact. During this time, 1.7 million pregnancies occur for men younger than 25 years old, resulting in 1.1 million predominately unplanned births and 600,000 abortions. (4) Before, during and after these peak years, it is imperative that young men receive the appropriate information needed to protect and honor themselves as well as their loved ones.

## Impact on Behavior

The consequences of early sexual activity, as well as the impact of early unintended parenthood, have a profound effect on young men. Even so, there is great variation in the behavior of young men who are sexually active. Adolescent males sexual activity is often sporadic and many of their relationships do not last long (5). By their late teens, three out of ten young men have had six or more partners (6).

Although most young men use a condom the first time they have intercourse, the frequency and consistency of their use decreases significantly in time and reliance on female methods of contraception markedly increase. (7) Additionally, adolescent males often do not know how to use a condom correctly. These facts are troubling indicators of the glaring omission of young male needs programs. Without responsible and proper condom use, young men face an increased risk of unintended pregnancy and STIs. (8) The behavior patterns among men in this age group greatly affect the health of female adolescents, because men in their early 20s father most births to teen girls. (9)

Another factor to consider is the impact of class and race on adolescent males sexual and reproductive needs. For example, how poor and minority youth initiate intercourse somewhat earlier than wealthier and white teen males (10); how African American adolescent males, while only 15 percent of all male teens, constitute 40 percent of all reported AIDS

## Sexual and Reproductive Health Needs of Young Men

cases (11); and why poor Latino young men are less likely to use condoms in combination with another method (12). These variables can affect a young male's knowledge and access to resources, or address a specific cultural issue. The need for programs that respond to these issues is vital to reaching young men of all classes and races.

AIDS is the seventh leading cause of death among young men ages 15-24 and an estimated 600,000 American men live with HIV. (13) Rates of STIs are higher among young men; especially poor, minority men in their early 20s. Chlamydia and gonorrhea are especially common, with 500 to 600 reported cases a year per 100,000 men in their early 20s. (14) Many STIs remain untreated because they do not present painful symptoms. If unchecked, they can cause sterility, increase susceptibility to HIV, and be transferred unknowingly to partners. The only way to diagnose these STIs is by getting tested regularly. However, this often requires a level of personal initiative and outside knowledge concerning specific test requests that many young men lack.

Without programs that facilitate healthy sexual development and relationships, or promote reproductive health visits, young men are not being given the tools to improve or insure their own lives.

## ACTION RECOMMENDATIONS

Healthy Teen Network makes the following recommendations in order to increase awareness about and provisions for male sexual and reproductive health needs. We strongly urge the creation of comprehensive support services that address physical, emotional, social and sexual male health issues and promote the widespread prevalence of such programs.

### Awareness

- ✓ HTN recommends and encourages widespread efforts to increase awareness about and creation of programs that focus on male sexual and reproductive needs.

### Education

- ✓ HTN believes that young men are entitled to medically accurate information and health care that is respectful of culture, age, setting, language, and gender, and skills formation to maintain sexual health and development.
- ✓ HTN recommends that young men receive developmentally and age-appropriate comprehensive sexuality education and skills development to postpone sexual involvement, prevent unintended pregnancy, and avoid STIs, including HIV.
- ✓ HTN recommends that the sexuality education and skills development that young men receive should be taught in a multitude of settings, including public schools and community-based organizations. Such education should provide:
  - complete, positive, accurate information on human sexuality throughout the lifespan, including male and female anatomy and pubertal development;
  - social and emotional development with a focus on healthy relationships, gender roles, sexual identity and orientation;
  - how to access services; and
  - self testicular exams, hygiene, nutrition, and physical activity.
    - Skills include:
      - effective communication; decision-making;
      - risk assessment and avoidance, and resisting peer pressure.

## Sexual and Reproductive Health Needs of Young Men

- ✓ HTN believes that young men need to learn the responsibilities of parenthood , including:
  - prenatal health and childbirth,
  - child development, child health, and child care,
  - as well as relationship-building skills (parent-child and father-mother) and life skills (education, career skills, and finances).

## Support Systems

- ✓ HTN strongly believes that programs and clinical practices should be accessible, confidential, affordable, and sensitive to cultural differences, including the potential diversity of values and motivation, in order to be effective.
- ✓ HTN wholeheartedly supports the key actions at the federal level called for in the Urban Institute report, *Young Men's Sexual and Reproductive Health: Toward a National Strategy* (15).

## Behaviors

- ✓ HTN recognizes that society has historically designated concerns regarding teen pregnancy prevention, relationship/dating violence, and adolescent parenting as singularly women's issues and encourages a shift away from this cultural perception. We recommend the creation and implementation of programs that expand the scope of responsibility, prevention, and skills to young men, as well as women.
- ✓ HTN recommends that the concept of healthy relationships be promoted to young men, including information about forms of sexual expression, sexual coercion and violence, readiness for sexual involvement; and the development of such skills as negotiation, communication and listening, and violence prevention in their intimate relationships.
- ✓ HTN recognizes that engaging young men to be active partners in reducing pregnancies and STIs requires innovative thinking and the building of linkages within a variety of communities, programs, and agencies. We cannot wait for young males to seek services and support, but rather must reach out to them in unlikely settings and venues (e.g., employment agencies, social clubs, sports settings, barber shops), and partner with a diverse mix of agencies, groups, and individuals.

## Funding

- ✓ HTN recommends increased funding for:
  - Initiatives designed to promote awareness of young male sexual and reproductive health needs
  - Promotion of effective programs nationally, as well on a state and local level
  - Programs that relate to young men's sexual and reproductive needs and take into account social stereotypes and cultural variations or pressures;
  - Resources restructured to connect with, motivate and educate young men about male/female anatomy, sexuality, gender roles, dating violence, STIs, etc;
  - Medical and psychological health services and practitioners to exam or evaluate young men for:
    - testicular cancer,
    - HIV/AIDS,
    - STIs
    - emotional health issues

## Sexual and Reproductive Health Needs of Young Men

### DEFINITIONS

**Reproductive needs:** Needs based on reproductive functions and processes. Education curriculum of these issues would include sexuality, sexual orientation, abstinence, contraceptive use, pregnancy, and parenting.

**Health needs:** Needs based on medical, mental and physical concerns. Education curriculum of these issues would include puberty, testicular cancer, HIV/AIDS, and STIs. It would also cover socially relevant topics that tackle emotional and mental issues, i.e. gender roles, gang/peer pressure, and media influence.

### RESOURCES

Guttmacher Institute  
<http://www.guttmacher.org/>

Mayo Clinic  
<http://www.mayoclinic.com/health/stds/MC00052>

Reproductive Health Outlook  
[http://www.rho.org/html/menrh\\_keyissues.htm#reaching-adolescent-males](http://www.rho.org/html/menrh_keyissues.htm#reaching-adolescent-males)

Urban Institute  
<http://www.urban.org/publications/307327.html>

### ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network (HTN) is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health – specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

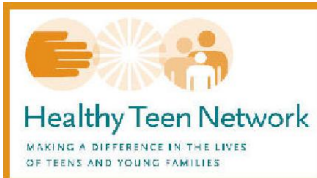
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# Fast Facts



## SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF YOUNG MEN

Historically, the sexual and reproductive health needs of young men have taken a back seat to those of women. Healthy Teen Network believes that both men and women need discreet and age-appropriate sexual and reproductive health education in order to reduce unplanned pregnancies, STIs, and to create stronger families.

### FAST FACTS

- Sexually transmitted diseases are the most common infections among adolescents and young adults.<sup>1</sup>
- Rates of STIs are higher among young men; especially poor, minority men in their early 20s. Chlamydia and gonorrhea are especially common, with 500 to 600 reported cases a year per 100,000 men in their early 20s.<sup>2</sup>
- African American adolescent males, while only 15% of all male teens, constitute 40% of all reported AIDS cases.<sup>2</sup>
- Nearly one-third of men in their twenties rely solely on the media for information about their sexual and reproductive health.<sup>1</sup>
- Effective programs and clinical practices should be accessible, confidential, affordable, and sensitive to cultural differences as well as conscious of social stereotypes or pressures.
- A new report by Urban Institute calls for a definition of men's sexual health that includes the growth and development of a secure sense of sexual identity and the physical and emotional aspects of sexual intimacy.<sup>9</sup>

**Widespread educational efforts geared towards raising health and reproductive needs of men are crucial to shaping young men into knowledgeable and responsible adult men, fathers, citizens and partners**

- Testicular cancer is the most common cancer among men ages 20-34. 8,000 men are diagnosed with testicular cancer each year; and young men (15-39) are most at risk.<sup>3</sup>
- There are roughly 822,000 teenage pregnancies in the United States a year; 83% of which are unintended.<sup>4</sup>
- Men in their early 20s father most births to teen girls, making their behavior patterns drastically important for the reproductive health of teenage women.<sup>5</sup>
- By the senior year of high school 63.8% of young men have engaged in sexual intercourse at least once.<sup>6</sup>
- Only about 14% of American men 15-49 make a sexual reproductive health visit annually.<sup>7</sup>
- Due to a lack of health insurance coverage many young men cannot take advantage of services even when they are available.<sup>8</sup>

### RESOURCES

Healthy Teen Network: [www.healthyteennetwork.org](http://www.healthyteennetwork.org)

Guttmacher Institute: [www.guttmacher.org/](http://www.guttmacher.org/)

Answer: [www.sexetc.org/topic/guys\\_health](http://www.sexetc.org/topic/guys_health)

Urban Institute: [www.urban.org/publications/307327.html](http://www.urban.org/publications/307327.html)

Advocates for Youth: [www.advocatesforyouth.org/arsh.htm](http://www.advocatesforyouth.org/arsh.htm)

### REFERENCES

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[www.urban.org/UploadedPDF/TeenHealth\\_Brief1.pdf](http://www.urban.org/UploadedPDF/TeenHealth_Brief1.pdf).

<sup>2</sup>Alan Guttmacher Institute. (2002). *Looking at men's Sexual and Reproductive Health Needs*. New York, New York. Retrieved October 24, 2006 from

<http://guttmacher.org/pub/tgr/05/2/gr050207.html>

<sup>3</sup>"Testicular Cancer." Planned Parenthood. 2007.

[www.plannedparenthood.org/sexual-health/men-health/testicular-cancer.htm](http://www.plannedparenthood.org/sexual-health/men-health/testicular-cancer.htm).

<sup>4</sup>Finer LB et al., Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90-96.

<sup>5</sup>Alan Guttmacher Institute. (2002). *In Their Own Right; Addressing the Sexual and Reproductive Health Needs of American Men*. New York, NY. Retrieved February 13, 2004 from [www.guttmacher.org/us\\_men/us\\_men.pdf](http://www.guttmacher.org/us_men/us_men.pdf).

<sup>6</sup> Teen Sexual Activity in the United States. The National Campaign to Prevent Teen Pregnancy, 2006. . <http://www.teenpregnancy.org/resources/data/pdf/TeenSexActivityOnePagerJune06.pdf>. May 29, 2007.

<sup>7</sup> Guttmacher Institute: *Sexual and Reproductive Health Information and Services for men Dangerously Lacking*. <http://guttmacher.org/media/presskits/2005/03/15/index.html>

<sup>8</sup> Cohen, R.A. Hao, C., and Coriarty-Nelson, Z. (2004). Health Insurance Coverage: Estimates from the National Health Interview Survey.

<sup>9</sup> Urban Institute. *Young Men's Sexual and Reproductive Health: Toward a National Strategy*. Edited by Freya L. Sonenstein. (November 2000).

# Paternity Testing

## DNA Paternity Testing Centers

(866) 944-9546

[www.dnapaternitytestingcenters.com](http://www.dnapaternitytestingcenters.com)

DNA Paternity Testing Centers has locations in D.C., Maryland, and Virginia. The cost for legally admissible testing starts at \$299.00. Standard results are provided in 3 to 5 business days, while expedited results are supplied in 2 to 3 business days. There are additional costs associated with testing for more than one child. Please call to confirm appointment times and to inquire about types of identification needed.

## DNA Clinic

(800) 831-0178

[www.strictlydna.com](http://www.strictlydna.com)

The DNA Clinic has multiple locations throughout D.C., Maryland, and Virginia. The clinics offer both legal and informational paternity testing. Please call for information about locations, appointments, pricing, and types of identification required.

## DNA Diagnostics Center

(800) 681-7162

<http://www.dnacenter.com/>

DNA Diagnostics Center has locations in D.C., Maryland, and Virginia. The clinics provide both legal and informational (home) paternity testing. Please call for specific information about locations, appointments, pricing, and result times.

## DC Superior Court Paternity Testing Center

(202) 879-4612

[www.dccourts.gov](http://www.dccourts.gov)

D.C. Superior Court Paternity Testing Center provides legally admissible tests. The process and timing depend on the case type. For child support matters, a court order is required and results are mailed to parties within four to six weeks. For juvenile neglect matters, the putative parent's court-appointed attorney can submit a voucher to obtain free testing, and the results are mailed to the putative parent and his attorney within two to three days. For domestic relations matters, a party must request testing through the court, and the requesting party is responsible for the costs (\$300 for up to three persons; \$100 for each additional person). A judge can issue a waiver for testing at a reduced cost. Testing is also available for private purposes, without court involvement, starting at \$300 for up to three persons, and \$100 for each additional person. Please call to confirm appointment/walk-in times and to inquire about types of identification and payment needed. The D.C. Superior Court Paternity Testing Center is open Monday through Friday, from 10 a.m. to 3 p.m.

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# THE FATHER ABSENCE CRISIS IN AMERICA

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There is a crisis in America. According to the U.S. Census Bureau, 24 million children in America—one out of three—live without their biological father in the home. Consequently, there is a “father factor” in nearly all of the societal ills facing America today. Research shows when a child is raised in a father-absent home, he or she is affected in the following ways...

## POVERTY

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**4X GREATER  
RISK OF  
POVERTY**

## BEHAVIORAL PROBLEMS

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**MORE LIKELY  
To Have  
BEHAVIORAL  
PROBLEMS**



## MOM-CHILD HEALTH

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**2X GREATER  
RISK OF  
INFANT  
MORTALITY**

## INCARCERATION

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**MORE LIKELY  
TO GO  
TO PRISON**



## CRIME

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**MORE LIKELY  
TO COMMIT  
CRIME**

## TEEN PREGNANCY

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**7X MORE LIKELY  
TO BECOME  
PREGNANT  
AS TEEN**

## CHILD ABUSE

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**MORE  
LIKELY  
TO FACE**



**ABUSE AND NEGLECT**

## SUBSTANCE ABUSE

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**MORE LIKELY  
TO ABUSE  
DRUGS  
AND ALCOHOL**

## CHILD OBESITY

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**2X MORE LIKELY  
TO SUFFER  
OBESITY**



## EDUCATION

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**2X MORE LIKELY  
TO DROP OUT OF  
HIGH SCHOOL**

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# 24

**MILLION CHILDREN  
WITHOUT THEIR FATHER  
AT HOME**

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**National  
Fatherhood  
Initiative®**

Visit [bit.ly/fatherfacts6](http://bit.ly/fatherfacts6) for more facts on father absence.