

Family Partnership Agreement and Plan of Action

MHS SHS RHS EHS

Center based Home Based FCCH

Site: _____

The purpose of this plan is to determine how program staff can support families in pursuing their goals.

Enrollment Date: _____ Family Name: _____ Child/ren Name(s): _____

Immediate Needs

- Health
- Dental
- Employment
- Emergency Food/Clothing/Housing
- Legal Assistance
- Immigration
- Other _____

Family Goal

- Housing
- Employment Training
- Family Literacy
- Education
- Special Needs Child
- Health
- English
- Other _____

Information Provided

- Transportation
- Health
- Social Services
- Other _____

Family Strengths: _____

Goal: _____

Target Date: _____

Date Goal Achieved: _____

Action(s) to be taken by parent:	Date(s):	Action(s) to be taken by staff:	Date(s):
•		•	
•		•	
•		•	
•		•	
•		•	

My signature affirms my willingness to participate in the Family Partnership Agreement and Plan of Action process.

Parent Signature: _____ Date: _____

The process of developing family goals as part of the Family Partnership Agreement has been explained to me by Head Start staff. At this time, I am not interested in developing family goals. I understand that I may choose to develop family goals at a later time during my child's enrollment in Head Start.

Parent Signature: _____ Date: _____

Completed by: _____ Date: _____

