



MHS SHS RHS EHS

Family Partnership Agreement and Plan of Action

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

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: _____

Follow up:

Date/Initials

--	--

If Parent did not meet his/her goal, please explain:

--