

Audubon Area Head Start: Family Services Description Guide

Considerations	Service Level One	Service Level Two	Service Level Three	Service Level Four	Service Level Five
Known, Observed, Expressed Needs	Few needs observed. Family is able to meet own needs with little or no outside help.	Needs are minimal. Family requires help with needs only on occasion.	Extended need noted in at least one area. Moderate assistance is required to meet needs.	Extensive needs noted in two or more areas. Needs may be basic in nature; frequent assistance is required.	Numerous needs noted which require active, intensive support. Likely “crisis” level of functioning and/or safety needs noted.
Family Strengths; Goal Work	Family recognizes and uses strengths and capabilities.	Family recognizes strengths, but does not appear to use them consistently.	Some recognition of strengths, but family requires consistent support to make use of strengths.	Rarely acknowledges strengths. Consistent obstacles prevent family from using strengths.	Family requires ongoing support to develop/use strengths. Consistent difficulties deter family from strengths focus.
Parenting Skills	Enhanced parenting skills with self-directed supervision of children.	Basic parenting skills are in place; supervision of children is appropriate.	Some basic skills; however, methods and supervision are inconsistent.	Skills not apparent. Supervision of children is not consistently adequate.	Requires assistance with the most basic parenting skills. Supervision of children is a safety concern.
Community and Family Supports	Strong network of support exists outside of Head Start staff.	Adequate network of support is present; may include staff.	Adequate support network is available, but is not used effectively.	Support not available on a consistent basis or family requires assistance accessing support.	Absence of support or need for numerous supports that include professional services.
Risk Factors	No risk factors noted, or are being handled effectively. No suspected violence.	Minimal risk factors present. No violence or history of violence.	At least two risk factors present that require assistance. History of violence.	Several risk factors present or suspected. Recent violent situations. Assistance required often.	Numerous risk factors noted/suspected. Ongoing assistance needed. Current violent behavior or history of violent behavior.
Life Concerns	Able to manage or resolve any difficulties without “outside” assistance.	Recognizes difficulties and can resolve them with self-initiated help.	Recognizes difficulties and makes attempts to resolve. Requires aid in seeking help.	Some recognition of difficulties and, inconsistent attempts at resolution. Help needed often.	Rarely recognizes difficulties. Few or ineffective attempts at resolution. Likely needs several avenues of help.

Audubon Area Head Start: Family Partnership Plan Guidance

Audubon Area Head Start uses the Family Partnership Plan (also known as a Family Partnership Agreement) as an assessment of family strengths, capabilities, and needs. It is the primary tool upon which we base our services to families, and a guide in determining how to tailor our services so that we can form a true partnership with families and the communities in which we work. The plan is designed to help us learn about the interests of families, and to begin the process of goal development. The following suggestions are designed to help staff in effectively completing the Family Partnership Plan and related documents.

- ▲ Have an in-depth understanding of the Family Partnership Plan before using it with families. If you as a Family Advocate have concerns or questions about the process, please speak with your Local Area Manager first, then contact The Family & Community Team Manager (or other Family & Community Team Representative) and arrange for technical assistance as needed.
- ▲ Prepare families for the process. Explain (to families) the form, and the purpose of the plan. You are free to talk about the “scoring” portion of the document with the family, but it is not a necessity unless they ask. We are not attempting to “hide” anything, yet we do not want to upset families and make them feel we are “testing” them. If you do choose to speak about the outcome based section (scoring), please make sure you can do so in a non-threatening manner. If desired, the information can be taken during the conversation and the scoring portion completed after you leave the home. Remember that we as staff members are responsible for completing the information. We do not give the plan to families and ask them to complete it. The plan does *NOT* have to be done on the first home visit. Some helpful things to say to families might include:

“We do the plan in order to...”

“To help us know how we can best work with your family”

“To obtain information that federal guidelines require”

“So we understand things from the family’s perspective”

“To help us know what kinds of issues face families in this community, and to know what is important to you”

“To highlight the great things that are happening in your family”

“To help us know if we are doing our jobs well”

“To see how great your family does throughout the year”

- ▲ Complete the information in a comfortable, “conversational” style. Take your time...this assessment should take a *minimum* of approximately 45 minutes, but not longer than an hour and a half. There is a timeline of 90 days to get the plans completed. However, it is more important that the plans are completed thoroughly and in a manner that is “family friendly.” This does not mean “ignore the timeline,” it simply means that you should not let the timeline be the most important part of the process.
- ▲ As you work through the Family Partnership Plan, be sure to keep in mind our program’s guiding principles for working with families & communities, and the beliefs we promote about services. Be respectful and do all that you can to put the family at ease.
- ▲ Listen, clarify, and provide support as needed or requested. Review the information as you go, and use this time as an opportunity to get to know the family. Think about how we can individualize our services to meet the family’s needs, and how the family can build on their strengths. Use this as a time for building trust and a true partnership with families.
- ▲ Develop and maintain your own unique, individual style that works best for you. The plan can be completed in various ways with each of those ways being effective. As you practice and continue to complete plans with families, your comfort level will increase, and you will be able to adapt the information gathering task to suit your needs as well as those of the family.
- ▲ Review the plan to ensure it is thoroughly completed and that notations are clear. Be sure to note anything that requires follow-up. On the plan, (including goals and related paperwork) please *DO NOT* ever put “No needs at this time” or “No strengths noted.” If you have trouble determining family needs or strengths, or if you are not able to gain that information from the family, please talk with your Local Area Manager about obtaining technical assistance from a member of the Family & Community Team.
- ▲ If issues arise that you are unsure about, or that you are not clear on how to note, please ask. Seek out your Local Area Manager’s input first and then call any member of The Family & Community Team. You may have the same question as several of your colleagues, or you may identify an item we need to modify. Your input is very important.
- ▲ If you encounter a family that does not wish to complete the Partnership Plan with you, please respect their decision, but do first try to make them feel more comfortable about the possibility of completing the information. Explain that this is part of your job,

and that you are required to ask them about the plan several times during the year. You will need to have a family member sign a “refusal form” each time you ask about the plan. You are expected to make at least two attempts at completing the Partnership Plan with the family. Also, if interviewing two parents, they should come to some agreement about the answer they provide or you can combine the two answers and score it as an average of the two responses.

- ▲ Remember to review the information in the Partnership Plan prior to making a home visit. We have some documents in our program that ask for similar or equivalent information. If you have obtained family information at another time, on a different form (i.e. the application or the health history form) you can simply transfer that information onto the Family Partnership Plan.
- ▲ You can write in comments in any free space within the documents, or you may use the progress notes for additional comments you want to make.

Last, but certainly not least, thank you for your work with families, children, and communities. Your time and efforts are appreciated and the work you do is priceless!

Audubon Area Head Start: Family Partnership Plan—General Information

Our program places an emphasis on developing partnership with families. In order to help us develop the best partnership possible, there is some general information we would like to ask you about.

Family Name: _____ County/Center: _____

Family Advocate: _____ Date/Time: _____

Tell me about the members of your family and those who live with you:

NAME	RELATIONSHIP	BIRTHDATE

What are some of the most important things we need to remember about you and your family as we work together?

Are both parents involved in your child's life? Yes No

If no, is there a non-custodial parent? Yes No

Would you give Head Start permission to contact this parent? Yes No

Signature: (Approval to contact non-custodial parent) _____

Are you currently involved with another agency or program in which you have developed a goal or plan? Yes No

If yes, with what agency: _____ Contact Person: _____

May Head Start contact this agency for goal/plan information? Yes No

Signature: (Approval to contact other agency/agencies for goal planning) _____

Our program offers parent meetings, trainings, community involvement, and opportunities for parents to get together. If you choose to participate, when would be the most convenient time for you to attend such activities?

mornings evenings afternoons weekends various times

What kinds of topics do you think parents would like to learn about at such meetings?

Our program conducts home visits several times throughout the year. When is the best time for us to make such visits with you?

Audubon Area Head Start: Family Assessment Scoring

Family Sequence #: _____
Family Name: _____
Initial Assessment Score: _____
Family Advocate: _____
End of Year Assessment Score: _____

Child's Name: _____
Date Assessment Completed: _____
Service Level: _____
Date Assessment Completed: _____
Service Level: _____

S C O R I N G C A T E G O R I E S

SCORE	LEVEL
10 – 11	Level One
12 – 15	Level Two
16 – 20	Level Three
21 – 24	Level Four
25 – 50	Level Five

* Families scoring Level Five require weekly contact.

FAMILY PARTNERSHIP PLAN Assessment of Strengths, Capabilities, & Needs		Family Name: _____ Advocate: _____ Child's Name: _____ Date: _____
<p>INSTRUCTIONS: Complete this assessment using information obtained from the family, staff observation and knowledge, and/or other existing family plans. Strengths and needs identified should be used to develop family goal(s) and as a basis for determining how support is provided for the family. This form highlights strengths, needs, and capabilities commonly noted when working with families. This Family Partnership Plan should be individually tailored by adding observations and other information that pertains to the uniqueness of the family</p>		
AREA AND DIRECT INFORMATION	CAREGIVER SCORE	
	Beginning of Year	End of Year
<p>EDUCATION:</p> <p>What level of education have you obtained or are you currently enrolled in? Please specify grade level completed, or note GED, High School Diploma, College Degree, or any college credit obtained.</p> <p>_____</p> <p>_____</p> <p>Do you have plans to pursue any educational or career related goals? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, what do you have planned and when? _____</p> <p>_____</p> <p>Is there anything we can do to help you reach your education goals? _____</p> <p>_____</p> <p>If you had to tell your child(ren) one thing about learning, what would you say? _____</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>
SCORING GUIDANCE		
<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Post-secondary education or training • Positive attitude toward learning • Sets and pursues long-range career and educational goals • Can pursue educational or personal development goals without additional resources or support • High school or equivalent education or enrolled for same • Enrolled in adult education, or vocational education • Has solid plans to pursue educational training of some sort • Capable of pursuing educational or personal development goals with little assistance • Considering personal education needs and options • Less than high school education; can set and pursue education • Can set and pursue education goals with assistance • Has knowledge of and access to resources to enhance personal development or education • Less than 9th grade education • Does not consider learning a priority • Does not or cannot set or pursue systematic career and personal education goals • Very limited ability to participate in educational or personal development goals • Less than 6th grade education; little to no formal education; • No interest in or access to remedial education • Unable to participate in educational activities • Pursuing educational or personal development goals not feasible 		
COMMENTS/NOTES:		

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>EMPLOYMENT/SKILLS:</u></p> <p>What type of skills, interests, or talents do you have? What do others say you do well?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, where? How long? _____</p> <p>_____</p> <p>If not employed, do you wish to obtain employment, or do you need assistance with job skills? Employment: <input type="checkbox"/> No <input type="checkbox"/> Yes Skills: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are other members of the household employed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please indicate who and where he/she is employed. _____</p> <p>_____</p> <p>_____</p> <p>What other types of work have you done in the past? What have you liked or not liked about the work you have done? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Currently employed in a stable job • Current job has a benefit package • Solid skills and confidence in skills • Currently not interested in employment by choice (job not needed or not feasible) • Has marketable skills • Has some benefits • Employment potential for advancement • Currently or recently employed or unemployed by choice (not needed or feasible) • Learning or willing to learn more marketable skills as needed • History of seasonal or temporary employment • Inadequate hours, benefits, stability, limited advancement potential • Actively seeking employment • Minimum job skills • No benefits, not sure where to find next job • History of performance problems at work • No career plans, employment needed • Unemployed no leads for job • No positive work history, • No interest in employment or is unable to work due to emotional/physical status • Employment greatly needed <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p>HOUSING/COMMUNITY:</p> <p>Do you rent, own, lease or have other living arrangements? (please circle answer or fill in blank)</p> <hr/> <p>Are payments for housing affordable for you? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many people live in your household?</p> <hr/> <p>Do you have concerns about your current housing situation? If so, what are they? (check for safety and healthy living conditions)</p> <hr/> <hr/> <p>Do you feel that your community/neighborhood is a safe place to live? Please explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Lives in housing of choice, or is satisfied with housing /community situation • Rent or payment options seem feasible to owner and can be made without major concerns • Owns or has long-term occupancy • Housing is safe and meets family's needs. • Lives in or has access to adequate housing • Rent or payment options can be met but are sometimes a concern. • Safe home and neighborhood or perceived as such by family • Tenancy is secure (or has been secure) for more than one year • Payments for housing are difficult to make without assistance • Tenancy is secure for at least six months • Housing is not hazardous or unhealthy • Family feels neighborhood is relatively safe • Lives in temporary or transitional housing; • Uncertain of where family will live a month from now • Lives in unsafe, deteriorating, or overcrowded housing • Finances for stable housing are not routinely available. • Lives in dangerous conditions • Homeless or on the verge of homelessness • Has history of consistent homelessness • Unable to secure housing without extensive resources or help <p>COMMENTS/NOTES:</p>
<p>What do you think would make your community a better place to live?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>TRANSPORTATION:</u></p> <p>Do you have access to safe transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>What is your main source of transportation? Please check response: own vehicle, vehicle of friend/family member, walking, bus or other public transportation</p> <hr/> <p>Do you have a current valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If no, have there been problems with obtaining or keeping a license? Please explain:</p> <hr/> <hr/> <hr/> <p>In the state of Kentucky, it is a law that all children under 40 pounds be in a child safety seat while traveling. Do you need information about obtaining or correctly using a car seat for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>It is also a law in the state of Kentucky that all passengers wear seat belts while travelling. Do you need information about obtaining or using seat belts in your main transportation source? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you have auto insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you need information about possible resources regarding safe driving practices or about insurance for your car? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Has current driver's license • Auto is fully insured with comprehensive or adequate coverage • Has choice of transportation and/or access to transportation virtually all the time • Able to repair (or obtain repairs for) vehicle when needed; vehicle is safe • Has license • Has basic insurance coverage • Has adequate driving record • Has and maintains own vehicle or other means of transportation • Generally has access to some form of safe transportation as needed • Has driver license but history of driving or license problems • Driving not a major concern or need • Minimal or lack of insurance • Does not have license • Is driving without license or without insurance or both • Unpaid parking tickets or has other legal issues related to driving • Does not have safe or reliable transportation or means to obtain it • Has revoked or suspended license; not insurable • No access to transportation for basic needs • No money to obtain transportation • Previously incarcerated for traffic violations <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>SERVICES</u> and <u>RESOURCES</u>:</p> <p>If you found yourself in need of a service or information about a service, what might you do? (This is an excellent opportunity for you to explain Advocacy services and the community resource guide)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do you feel you have knowledge of the services that are available for persons in your community?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you or have you used agency/program services?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If so, what and when?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Has knowledge of available services • Is able to access needed services when necessary • Knows where to find help if needed • Requires few (or no) formal resources • Has basic knowledge of existing services • Can access services independently • Lives in a community where resources are abundant • Appropriate use of services • Has minimal knowledge of available services • Only accesses needed services/resources in an emergency • Lives in a community where resources are adequate • Can access services with help • Has some knowledge (minimal) of available services • Does not utilize resources appropriately • Lives in a community where resources are limited • Needed services typically initiated by an outside source • Has no knowledge of what services are available or how to find out what services are available • Services or resources are utilized only when initiated by an outside source • Lives in a community where resources are extremely limited • Services and resources are sometimes misused <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE														
	Beginning of Year	End of Year															
<p><u>SPECIAL NEEDS/FAMILY SUPPORT:</u></p> <p>Do you have a child or family member with a disability or special need? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How would you describe the need? _____</p> <p>Is there something we could do to help meet that need? _____</p> <p>Do you have people you can turn to when you need help, advice or just someone to listen? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Who has been helpful to you in raising your child(ren) and/or coping with daily situations? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Parents</td> <td><input type="checkbox"/> Other Agencies</td> </tr> <tr> <td><input type="checkbox"/> Friends</td> <td><input type="checkbox"/> Head Start</td> </tr> <tr> <td><input type="checkbox"/> Other Family Members</td> <td><input type="checkbox"/> Day Care</td> </tr> <tr> <td><input type="checkbox"/> Church</td> <td><input type="checkbox"/> Neighbors</td> </tr> <tr> <td><input type="checkbox"/> Counselor</td> <td><input type="checkbox"/> Others (please note)</td> </tr> <tr> <td><input type="checkbox"/> No One Noted</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Spouse/Partner</td> <td>_____</td> </tr> </table> <p>What are some of your family's strengths? _____</p> <p>Are there specific emotional health needs that you or your family have? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please specify: _____</p>	<input type="checkbox"/> Parents	<input type="checkbox"/> Other Agencies	<input type="checkbox"/> Friends	<input type="checkbox"/> Head Start	<input type="checkbox"/> Other Family Members	<input type="checkbox"/> Day Care	<input type="checkbox"/> Church	<input type="checkbox"/> Neighbors	<input type="checkbox"/> Counselor	<input type="checkbox"/> Others (please note)	<input type="checkbox"/> No One Noted	_____	<input type="checkbox"/> Spouse/Partner	_____	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Special needs family member cares for self as appropriate or family meets needs with little or no outside assistance. • Family notes at least four sources of support and access support as needed • Recognizes strengths and needs of family and works to build on strengths • Emotional needs are few and are recognized as well as being met appropriately • Special needs family member has areas of minor dependence that are necessary • Family notes at least two sources of support and accesses support as needed • Recognizes strengths of family • Emotional needs are recognized and met appropriately • Special needs family member relies on others for routine help; some emotional dependence • Family notes at least one source of support • Has difficulty recognizing strengths of family • Family has three or more emotional needs not being met at the present time • Special needs family member has minimal independent functioning; cannot live alone • Family does not access support from others • Does not recognize family strengths • Emotional needs of family are numerous and are not being addressed • Special needs family member unable to function independently; cannot survive without outside help • No sources of support are noted or recognized • Family does not recognize family strengths and focuses on difficulties • Emotional needs are overwhelming to the family <p>COMMENTS/NOTES:</p>
<input type="checkbox"/> Parents	<input type="checkbox"/> Other Agencies																
<input type="checkbox"/> Friends	<input type="checkbox"/> Head Start																
<input type="checkbox"/> Other Family Members	<input type="checkbox"/> Day Care																
<input type="checkbox"/> Church	<input type="checkbox"/> Neighbors																
<input type="checkbox"/> Counselor	<input type="checkbox"/> Others (please note)																
<input type="checkbox"/> No One Noted	_____																
<input type="checkbox"/> Spouse/Partner	_____																

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>FAMILY WELLNESS:</u></p> <p>Do you have access to total care for adult members of your family? (vision, dental, medical, mental health services, etc.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, how are these needs met?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Does your child(ren) have a doctor/medical care available when he/she is ill?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, who?</p> <p>_____</p> <p>Is your child (or children) covered by some type of medical plan such as medical card, KCHIP, or private insurance?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please specify type of coverage.</p> <p>_____</p> <p>_____</p> <p>(If eligible, but not currently covered, ensure that the family receives, completes and returns a KCHIP application)</p> <p>Are there current concerns about alcohol/drug use for you or anyone in your household?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Have you or other persons in the household participated in treatment for drugs and/or alcohol in the past year?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Very attentive to health care issues • Report quality and accessible medical care • Wellness needs are being met and there seems to be preventative care • No history of alcohol/drug abuse • Adequate medical and physical care provided • Wellness needs are being met as they occur • Several medical problems noted and are being addressed • No history of alcohol/drug abuse • Family reports inadequate or inaccessible health care • Wellness needs not met in a timely manner • Numerous medical problems noted some of which are not being addressed • Suspected or reported drug abuse in the past • Minimal attention to medical/physical care • Generally inadequate care; or requires extensive care • Medical problems noted are severe; potentially harmful • Suspected or reported history of drug/alcohol abuse, and possible current usage • Child(ren)'s health is endangered • Medical problems are not being addressed; no care is being received • Home environment does not promote healthy living • Suspected or reported history of drug/alcohol abuse in the past and possible current usage <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>FAMILY FINANCES:</u></p> <p>Sometimes families have a hard time getting by on the money available. Please check all that apply.</p> <p><input type="checkbox"/> I am able to pay bills on time</p> <p><input type="checkbox"/> I know how to budget my money</p> <p><input type="checkbox"/> It is difficult to meet basic needs (food, clothing)</p> <p><input type="checkbox"/> I have a lot of debt</p> <p><input type="checkbox"/> I have good credit</p> <p><input type="checkbox"/> I am not able to get credit</p> <p><input type="checkbox"/> I have no credit</p> <p><input type="checkbox"/> I am able to save some money</p> <p><input type="checkbox"/> I have a checking account</p> <p><input type="checkbox"/> I have a savings account</p> <p><input type="checkbox"/> There is extra money for "wants" (aside from basics)</p> <p><input type="checkbox"/> I think my income will increase in the next year</p> <p><input type="checkbox"/> I have a reliable source of income</p> <p><input type="checkbox"/> I have to rely on others for financial assistance</p> <p>Do you or your family have other financial needs at this time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Would you like information about reducing debt? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Would you like information about credit counseling? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Sufficient income to meet needs and allow for "extras" and/or can save money • Keeps track of expenditures, or has a budget • Stable, steady income • Consistently pays bills on time • Sufficient income to meet basic needs • Attempts to budget money • Typically pays bills on time • Is able to save money • Minimally adequate income • Is not able to save money • Not able to make timely payments on a routine basis • No budget or financial plan in place • Occasionally able to meet basic needs • No credit or poor credit • Overwhelming debt load • Relies on others for financial assistance • Little or no money • Cannot meet basic needs • Is not able to pay bills • Has had legal problems due to finances <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p><u>CHILD CARE:</u></p> <p>How are children being cared for? (Please circle appropriate response)</p> <p>Head Start School Home</p> <p>Day Care Family/Relative Home</p> <p>Combination (circle all that apply)</p> <p>Other (please specify): _____</p> <p>Do you feel your child has quality, affordable childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If no, what are your concerns? _____ _____</p> <p>What would make childcare easier for your family? _____ _____</p> <p>Do you have friends/family members who can "pitch in" if you need last minute childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Families sometimes have a difficult time finding childcare. Which of the following statements do you think are true? (check all that apply)</p> <p>___ I know what to look for in a good childcare provider</p> <p>___ I have several childcare choices available</p> <p>___ I do not need to use additional childcare</p> <p>___ I am not able to afford childcare</p> <p>___ Finding quality childcare is difficult</p> <p>___ I need full day child care</p> <p>___ I need second or third shift child care</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • High quality, affordable childcare is being used, or is not needed • Has a consistent, reliable resource for childcare with back up available • Minimal concerns about childcare; or is able to address concerns appropriately • Knows what to look for to find quality care for children • Childcare is hard to find and afford but family is able to provide care or it is not needed • Generally satisfied with childcare status and alternatives • Reliable source of child care, but limited back up resources • Knows what to look for to find quality childcare • Caregiver not always available or affordable, but is needed • Has minor concerns about childcare status; but is working toward a resolution • Unsure of what to look for to find high quality childcare • Lack of childcare detrimental to family • Rarely able to find or afford quality care • Limited resources or backup for childcare • Has several concerns about childcare • Uses inappropriate childcare • No resources for childcare, but has need for it • Does not know what to look for to find quality childcare • Lack of childcare is preventing parental growth/progress • Uses inappropriate childcare <p>COMMENTS/NOTES:</p>

AREA AND DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
<p>PARENTING:</p> <p>Which of the statements below do you agree with regarding parenting? (check all that apply)</p> <p><input type="checkbox"/> I feel I am a good parent</p> <p><input type="checkbox"/> I know and understand my child's needs</p> <p><input type="checkbox"/> I have a consistent method of discipline</p> <p><input type="checkbox"/> The discipline methods I use are effective</p> <p><input type="checkbox"/> We have daily routines in our home</p> <p><input type="checkbox"/> I enjoy being a parent</p> <p><input type="checkbox"/> We have family rules</p> <p><input type="checkbox"/> My child has other adult role models in his/her life</p> <p><input type="checkbox"/> My child enjoys being at home</p> <p><input type="checkbox"/> I feel comfortable showing affection to my child</p> <p><input type="checkbox"/> My child knows he/she is loved</p> <p>Do you have concerns about your child's behavior?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain:</p> <p>_____</p> <p>How are children disciplined at home?</p> <p>_____</p> <p>_____</p> <p>What is the most difficult part of parenting for you?</p> <p>_____</p> <p>_____</p> <p>Do you have parenting concerns?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>1</p> <p>1.5</p> <p>2</p> <p>2.5</p> <p>3</p> <p>3.5</p> <p>4</p> <p>4.5</p> <p>5</p>	<p>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</p> <ul style="list-style-type: none"> • Consistent, observable, age appropriate parenting practices • Enjoys being a parent & seems confident in skills • Understands child's needs and provides accordingly • Children know they are loved, and are shown affection • Reasonably consistent, age appropriate parenting practices • Has an understanding of child's needs and attempts to meet them. • Children know they are loved • Appears to have an effective method of discipline • Some daily routines • Inconsistent or ineffective discipline methods • Unsure of parental role • Some understanding of child's needs or development • Minimal routines in the home • Discipline methods seem to be inappropriate • History of parental problems • Little understanding of child development or needs • No routine or consistency • History of serious parental problems • Discipline is rigid, harsh or extremely permissive • No understanding of child development or needs <p>COMMENTS/NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Audubon Area Head Start: Family Partnership Plan—Family Goal and Vision Statement

Family Name: _____ Date: _____

Family Advocate: _____ Center: _____

A vision is a general statement that guides us in developing a goal. It is the ideal place you would like to be but that may take many steps to accomplish. Some examples of vision statements are: "To be a better parent" or "To finish school."

VISION: _____

A goal is a step or a necessary part of reaching your vision. It should be specific and you should be able to know when you have completed it. For example, if your vision is "to be a better parent," a step in that process might be to spend quality time with your child. In order to make it specific, we might say: "I will spend 30 minutes a day playing with my child." We ask all of our families to develop a goal that they can achieve by the end of the year.

GOAL: _____

RESOURCES NEEDED TO MEET MY GOAL: _____

WHAT CAN HEAD START STAFF DO TO HELP ME REACH MY GOAL:

I THINK I CAN REACH THIS GOAL BY: _____

PARENT / GUARDIAN SIGNATURE: _____

GOAL WORK FOLLOW-UP

MID-YEAR FOLLOW-UP DATE	MID-YEAR ACHIEVEMENT SCORE	END OF YEAR FOLLOW-UP DATE	END OF YEAR ACHIEVEMENT SCORE

SCORING:

- 1 (ONE) = GOAL ACHIEVED
- 2 (TWO) = GOAL PARTIALLY (1/2) ACHIEVED
- 3 (THREE) = MINIMAL PROGRESS
- 4 (FOUR) = NO PROGRESS

Rev. July 1999

Audubon Area Head Start: Family and Community Services—Documentation Refusal Form

Family Name: _____ Date _____

Family Advocate: _____ Area _____

Information the family does not wish to provide or participate in: (check any that apply)

- Family Partnership Plan Assessment
- Goal & Vision Statement
- General & Resource Information
- Other (please specify) _____

FAMILY STATEMENT

I understand that completion of forms is part of the work that Head Start staff are required to fulfill. I have been asked and encouraged to provide such information that would aid in completing Head Start Family & Community Services documents. However, I do not wish to participate in this process. Please consider my signature below as my decision to refrain from providing the information checked above. I understand that my family's Advocate will have to verify this statement three times during the year.

Parent/Guardian Signature: _____

DATES OF ATTEMPTED INFORMATION FROM PARENT/GUARDIAN

(First date is noted at the top of this page)

Second Date: _____ Parent/Guardian Initials: _____

Third Date: _____ Parent/Guardian Initials: _____

Audubon Area Head Start: Family and Community Services Documentation

There are various responsibilities that come with being a Family Advocate. It is imperative that you know what must be done to fulfill requirements and to provide support to our client families in the best way possible. This information has been prepared to aid you in doing your job! Please be sure you are familiar with and are using the following forms/reports:

The Family Transaction/Contact Sheet

You use this form each time you make a “significant” contact with a family. A significant contact might be defined as person to person, telephone, or written contact that includes important information or a contact of any kind lasting 15 or more minutes should be documented. Make sure you are familiar with the codes at the bottom of the Contact Sheet. Remember that this record is being tracked by our computer system. Anything that is important enough to monitor, follow up on, or remind yourself of needs to be entered on this form.

Progress Notes

The progress notes are also for documenting contacts with client families. However, the progress notes allow for and should obtain a more detailed account of the visit/contact. This form provides a “narrative” that should contain descriptive, behaviorally specific, non-judgmental language. This form when completed correctly should allow another person to pick up a client family’s file and have a good sense of what has occurred simply by reading the narrative.

Progress Notes can be used to document family contacts of any kind. However, the notes must be used to document home visits made or attempted. Other contacts can be noted on the Progress Notes or the Family Contact Form. At the present time, home visits should be entered on both the Contact Form and The Progress Notes, however you can refer to the progress notes when making an entry on the Family Contact Sheet. You can simply note; “see progress notes”, if you so choose.

If you want to elaborate on a specific contact (that was not a home visit), then you may want to use the Progress Notes for that purpose. You will also have to document such on the Contact Form. Keep in mind that the entries on the Family Contact Form are entered into the computer and are printed out for follow-up. At the present time, we are not “formally” entering progress notes into the computer system.

You may choose to do the progress notes by hand, or you can complete them by computer. The notes do not have to be lengthy, but should at a minimum include:

- ▲ Date of visit or contact
- ▲ Amount of time spent with family
- ▲ What was discussed, completed, initiated or decided (home visit topics discussed)
- ▲ Goal setting or goal work progress
- ▲ Note strengths or what is going well
- ▲ Observations, notations, concerns, or comments
- ▲ Service level
- ▲ Parent and/or staff concerns

Family Partnership Plan

This form serves as our assessment of strengths, capabilities, and needs and should be completed thoroughly. This assessment tool will be basis for our intervention with families, providing us a means to work WITH them to determine what type of services families might need. The plan will also allow us to “measure” outcomes and progress. This form is completed at the beginning of the year, (within 90 days of enrollment) and again at the end of the year.

Goal Sheet

The goal sheet is a part of the Family Partnership Plan and must be completed with each family. We ask and encourage ALL client families to develop at least one goal to be working toward during their involvement with Head Start. This needs to be the family’s goal, however, if after an initial period of time the family is unable to develop a goal, it may be necessary for the Family Advocate to become more directive in this process. Please note: This does not mean making the goal FOR the parent.

Audubon Area Head Start: Family and Community Services Progress Notes

Family Name: _____ Advocate _____

In the Progress Notes, please address home visit topics/activities, family goal progress and/or obstacles, family strengths, parent and/or staff concerns, and observations or comments.

DATE	TIME SPENT	PROGRESS NOTES	SERVICE LEVEL

Audubon Area Head Start: Family Partnership Plan Resources

			Date Requested Information Given to Family
EDUCATION/EMPLOYMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuing education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College classes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Literacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technical/vocational training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English (second language) classes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career resources
CHILDCARE/PARENTING			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After school programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting classes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child development information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior/discipline information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foster care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single parent information /support
FINANCIAL ASSISTANCE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budgeting help/information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (SSI, SSA, SSD)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K-TAP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial aid (Education)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial aid (Childcare)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child support
MEDICAL/SPECIALIZED SERVICES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability/special needs services or information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respite care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance prevention or treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-natal services/care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KCHIP (insurance for children)
SELF-HELP/COMMUNITY INFORMATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocacy groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiritual guidance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family/Youth Resource Center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Groups
OTHER SERVICES/INFORMATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Assistance (housing, food, clothing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal aid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Meal planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child protective services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Habitat for Humanity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other