Adult Education. ................................................................. 9-10
Assessment Through Family Visits. ........................................... 11-12
Awareness of Personal Attitudes. ............................................... 4-8
Developing Partnerships. ...................................................... 3
Family Partnership Agreement Procedure. ................................... 18-21
Family Development Matrix .................................................. 39
Family Development Scale and Explanation* ............................... 22-23
Family Development Assessment and Explanation* ......................... 24-31
Family Development Plan, Explanation, and Examples of Goals* .......... 32-37
Family Contact Log Form and Explanation .................................. 54-55
Family Service Advocate Meetings Report Form, Explanation & Contact Information ... 69-74
FSW Outcomes For Family Goals Forms and Explanation. ................. 41-53
Home Visit/Family Partnership Agreement Worksheet Form and Explanation .... 63-64
Issues in Family Visits. ...................................................... 13-17
Monthly Referral Report Form, Referral Codes, and Explanation .......... 56-60
NENCAP Family Services Department - Guidelines for Emergency Assistance .... 75-
NENCAP Referral Form and Explanation .................................. 61-62
Partnering With Parents. ..................................................... 2
PIR Explanation ..................................................................... 65-68
S.M.A.R.T Goals. .................................................................... 40
Safe Environment Checklist* ................................................ 38

*indicates that this form is available in Spanish
Partnering With Parents

All parents and caregivers share a deep concern and love for their children. Their desire to do the best they can for their families provides a foundation for working with them to explore strategies for caring effectively for their children. Approaching parents as the experts on their own children, listening openly to their concerns and perspectives, and seeking solutions with them (rather than providing for them) help foster a trusting relationship.

When we work with parents in a spirit of true partnership, mothers, fathers, and other caregivers are more likely to invite and welcome provider’s support in evaluating needs, developing goals, and identifying effective ways to strengthen the family and provide care for children.

Benefits of Partnership

Partnering with parents and caregivers:
• Focuses attention on the overall well-being of the child and family, rather than on specific “symptoms” in isolation.
• Results in more competent and relevant supports, as providers gain a greater understanding of family’s perspectives, homes, and environments.
• Fosters parent leadership skills, resulting in more confident parenting and enhanced ability of mothers, fathers, and other caregivers to advocate for their families’ needs.
• Promotes lasting change, as parents build on existing skills and enhance natural support networks that will extend beyond the time frame of a provider’s involvement.

The Meaning of Partnership

Working in partnership with parents and caregivers means:
• Understanding that all parents have strengths, and helping families build on their strengths and recognize their personal power to ensure family success.
• Viewing parents as the experts on their own children, supporting them with resources, and sharing responsibility for outcomes.
• Listening carefully to parents’ concerns and helping them identify solutions that will work for their family.
• Including parents in the development, implementation, and evaluation of processes and programs that are driven by parent’s needs and incorporate their ideas and suggestions.
• Helping parents take responsibility and learn to advocate more effectively for themselves and their children.
• Working to understand parent’s language and culture, and adjusting communication to reflect differences.
DEVELOPING PARTNERSHIPS

As a FSW, you are a facilitator of learning. You help parents grow in parenting skills, problem solving, coping skills, knowledge of child development, and advocacy skills for their child and themselves. To really help, you must develop a partnership with the families with whom you work.

Beginning to build partnerships is always difficult. The following “foundations” are necessary in order to form this type of relationship and build partnerships:

- Awareness of family systems
- Awareness of personal attitudes
- Development of mutual understanding
- Effective communication skills

Awareness of Family Systems

Families have changed dramatically in recent years. There are more single parent families and more births to unmarried mothers. Over half of all female headed households with children under six live below the poverty line. Nationally, one in ten adults have a problem controlling the alcohol he or she consumes. Families have changed in a large part due to increased stress, unemployment, lack of medical coverage, mobility, and lack of extended family and friends for support. With fewer resources, a FSW needs skills to assess family priorities and match family priorities to child needs.

The most common family today consists of a mother and one or more children. Some families are larger, embracing extended family members. Another type of family can include mother, friend, and children. In other cases, children participate in the lives of two families or two parents.

Families come in different forms with a variety of needs. A successful FSW respects a family’s value system without passing judgement. To build trusting relationships, FSW’s must understand family dynamics and structures.

Family structure refers to the family’s size, the culture, and belief system. A family’s structure determines how that family meets their needs and fulfills their functions (economic, physical, socialization, recreational, etc). In addition, each family’s needs and functions change as they pass through family stages (adulthood, birth of children, departure of children). It’s easy to see that families are complicated systems. Any time we try to change one part of the system (children’s skills, mothers function), the rest of the family will also be effected.
AWARENESS OF PERSONAL ATTITUDES

To develop effective relationships with families you must be aware of your personal values and attitudes. Attitudes are rooted in your upbringing, education, and life experiences. Most attitudes help build partnerships with families; however, some attitudes interfere. Consider your opinions about the following statements.

◆ Parents are not accurate observers/reporters of their child’s behavior.
◆ Parents are unrealistic goal setters.
◆ Parents do not know what their child needs.
◆ Parents do not know how to teach.
◆ Parents need us.

These statements reflect only a few judgements many hold about parents. Ignoring such attitudes may inhibit you. Acknowledging your opinions and feelings will assist you in not allowing them to interfere with building family partnerships. Building an effective partnership with a family requires a FSW to accept the following:

☐ Families want to do what is best for their children.
☐ Families are the most long-term concerned advocates for their children.
☐ Families are interrelated units. Working with one parent or child also affects the rest of the family.
☐ All families have needs in the following areas: financial, social, recreational, educational, vocational, emotional, guidance, and physical. Families’ needs vary and change over time.
☐ Families have taught their children most of what they know and are capable of teaching new skills and using new methods.
☐ Families have solved their own problems without outside help. Some of their solutions are creative.
☐ Head Start families must assist in directing and evaluating the program.
☐ FSW’s have access to techniques and resources that can help families.
☐ FSW’s want what is best for the family based on the family’s ASSESSMENT of needs and strengths.
☐ FSW’s want family participation.

Successful partnerships result in parents talking openly, listening to FSW’s suggestions, identifying needs and a means of meeting needs, and understanding the importance of spending time with their child to extend his/her learning opportunities.
Development of Mutual Understanding
Partnerships fail unless responsibilities of the family and FSW are specified. Let families know that you will support them, not replace them. Individualizing your support to families is the art of building healthy, self-confident families who learn to utilize community resources and to responsively interact with their child.

You may find building a rapport and understanding with some families difficult. Frequently these families are socially isolated, have low self-identity, misperceive their child, and have difficulty trusting others. Some families may be withdrawn; you must be persistent in letting these families know you will hang in there because you care about their child and them. Here are some tips for working with hard-to-reach families:

- Identify family member’s strengths and reinforce them.
- Help the family set concrete, easily attainable goals to show family members they can succeed.
- Make program activities predictable by explaining what will happen and what is expected ahead of time.
- BE CONSISTENT!
- Show parents your interest by actively advocating for needed services.
- Include a time in each visit to discuss present concerns.
- Help parents to know they are worthwhile to their child and the program.
- Help parents assess their own attitudes about teachers, education, and their role in their child’s education.

Effective Communication
Communication is a basic human process. It is a process of exchange through which we attempt to meet needs. These may be personal needs, the other persons, or ours, or they may be needs arising from work to be done. Needs may include safety, security, love, food, shelter, affiliation, learning, guidance, and so on. We communicate with the intention of meeting these needs. Communication, defined broadly, is everything we say and do that affects other people and everything they say and so that affects us. The quality of communication depends upon the quality of two basic kinds of behavior - sending messages and receiving messages.

- Receiving Messages or Listening

Being quiet when someone talks is not listening. Real listening is based on the intention to do one of four things: understand someone, enjoy someone, learn something, or give help or solace. Listening is a primary means of facilitating a feeling of acceptance and value in another person. There are two parts to real listening: the first is paying careful attention to what is said, noting facial expressions, posture, and tone of voice as well as the words spoken. The second part is hearing: interpreting what is said and trying to understand it. It includes filling in a picture and evaluating the relevance and reliability of the message. Accurate interpretation of the messages you receive is imperative to the on-going, decision-making process in which you and the family will be engaged.
To truly listen, you must assume the following attitudes:

- A conscious decision to listen
- A suspension of judgment
- A resistance to external and internal distractions

Becoming a good listener is an ongoing process. It requires the continual development and reinforcement of these attitudes.

As with any other art, the art of listening requires a range of skills. Because listening is not a passive process but is, in fact, a very active process, the range of skills necessary is wide and varied. Listening skills must always take into consideration cultural differences and the nature of the relationship between the individuals. You will likely need to vary your communication style from one family to another.

The following are some nonverbal skills that contribute to good listening. These silent skills can help communicate interest and concern and will build trust and respect.

- Eye contact: Look at the parents when they speak. Eye contact communicates caring; thus, should be responsive and frequent. (Cultural differences must be considered.)
- Body language: Maintain a natural relaxed open posture that indicates your interest. Rigid, formal posture may convey avoidance, disinterest, or even disapproval.
- Interpersonal distance: The distance between you and the parents can indicate the degree of your availability. The parent may feel invaded if you move in too close; if you are too far back, he or she may feel detachment, rejection, or dislike. Be aware of cultural differences and the meanings assigned to positions in space. Find the distance most comfortable for the parent.

Verbal listening skills are spoken responses to the messages you are receiving, and they are crucial to effective listening. They develop, however, only with practice and patience. The verbal responses you will need for your listening repertoire are:

- Non-verbal acknowledgment: Brief expressions that communicate understanding, acceptance, and empathy, such as:
  
  Oh I see Interesting Really Mm-hmm I get it

- Door openers: Invitations to expand or continue the expressions of thoughts and feelings. Again, the listener is showing interest and involvement:
  
  Tell me about it.
  I’d like to hear what you are thinking.
  Would you like to talk about it?
  Let’s discuss it.
  Sounds like you’ve got some feeling about this.
  I’d be interested in what you’ve got to say.
Content paraphrase: Putting the factual portion of the message into your own words and sending it back to check your accuracy in understanding. Examples are:

- You sound upset when he doesn’t mind you.
- You are not pleased with the way ...
- You’re stumped about what to do next.
- If I understand you correctly, you feel ...
- You would like me to...
- You sound like you want .......

Open ended questioning: Use open ended questions to encourage the other person to continue talking or to elaborate what he/she is thinking or feeling. For example, some typical questions might be:

- How did you feel about that?
- Is there anything else that’s bothering you?
- How important do you think this is?
- How would you like things to change?
- Where do you think we disagree?
- Can you say more about this?

Non-verbal observation: A sensitive observation of an individual’s behavior to understand feelings that are not expressed verbally. Examples:

- You look sad.
- You seem anxious and upset.
- I think you’re getting nervous about the late hour (after noting clock gazing).

Sending Messages

In most communications the sending and receiving of messages is reciprocal and simultaneous. Most of the time communication is not just a series of exchanges; it is an on-going process in which a pattern develops. Communication effectiveness will always be dependent upon the sender’s ability to communicate exactly what is intended and the receiver’s ability to hear and understand the message as sent.

Sending messages involves three steps. First, you must determine the purpose for the message. Next, deliver the message as clearly and completely as possible. Finally, seek a response to the message, acknowledge, and evaluate it. The effectiveness of the communication will depend upon your flexibility in delivery, the relevance of the message to the receiver, the trust you’ve developed over time, and the clarity of the message.
Consider the following tips for sending messages effectively.

- Get clear on your purpose, and decide how important it is.
- Choose your timing, place, and volume.
- Plan your message and medium. Is it more effective to deliver it in person, on the phone, or in writing?
- When you deliver your introductory signal, and watch and listen to see if you are “plugged in” with the other person. If the circuit has not been established, change your approach, timing, or volume - or reschedule.
- Lead with what is important to you, the other person, and tell why. Acknowledge their needs as well as your own.
- Be as clear as you can about what you want (I want your opinion, attention, understanding, ideas ....)
- Signal what is important with whatever props are necessary (hand gestures, increased volume, written material, etc..)
- Give examples.
- Be appropriately complete in providing information relevant to the topic. Do not confuse the message with irrelevant chitchat.
- Distinguish among your opinions, facts, hunches, wishes, suspicions, etc.
- Watch his/her signals, both verbal (is he/she inviting you to continue?) And nonverbal (is he/she looking at the clock?) Check out understanding by asking questions.
- Leave enough time for the other person to respond - that means you have to stop sending the messages at some point.
- Beware of deluding yourself by “hearing what you want to hear” and ignoring the other person’s signals.
- If you are not sure of the other person’s response, ask him/her!
- Acknowledge his/her response by restating what you think it is: “Sounds like ...,” “So you think”.
- Let the other person know your intentions regarding his/her response. “I will have the Area Manager talk to you....,” “Let’s talk about this next week after you’ve had a chance to think this over,” “This week you will .....”.
- Thank him/her in some way for his/her time and attention, even if you did not get exactly what you wanted.

As a FSW you have a unique opportunity to build a relationship with parents that will assist the child and the entire family to grow.
ADULT EDUCATION

Adults are not overgrown children; therefore, principles of teaching that apply to children cannot be directly applied to adults. The nature of adult education is so specialized that it has its own term. **Andragogy is the art and science of helping adults learn.** This term evolved when it was determined pedagogy, or the art and science of teaching children did not fit adults. Pedagogy implies transmission of knowledge; that is, a teacher teaching something to a learner. Andragogy shifts the emphasis from transmitting to facilitating.

**Adult Learning Strategies**

1. **Adults learn best when they are comfortable.** Working in the home helps ensure that this aspect of adult learning is taken into account. The following are ways to provide additional comfort for the parent:
   a. Be sure that the child is occupied while you are working with the parent. It is nearly impossible for the parent to attend to your discussion when a child is climbing all over him/her.
   b. Encourage the parents to do those things that make them the most comfortable.
   c. Offer genuine compliments; be observant of strengths upon which you can build.
   d. Let the parents know that you make mistakes too; share lessons you’ve learned - the hard way.

2. **Adults learn best when they feel their abilities are recognized.** The parent may already have many valuable skills that directly relate to the information that is presented. The FSW/FE will more effectively get her message across if she refers to the parent’s related strengths or life experiences. To do so tells the parent that he/she is important and that the activity’s purpose is to share information rather than instruct.

3. **Adults learn better when their needs, questions, and concerns are attended to.** Frequently FSW/FEs provide educational activities to the parents without individualizing for the specific person. Encourage the parents to ask questions or share their ideas on the information you present. Don’t just answer the question, but incorporate their comments into the discussion.

4. **Adults learn best when they have trust and confidence in their instructor.** There is no better argument for preparation. Confidence and trust are also based on honesty and frankness. If you do not know the answer to a question or concern, admit it, promise to look into the matter further, and report back later.

5. **Adults learn best when they can apply what they’ve gained to their immediate situation.** Relate information to the family’s particular situation. Individualize the content of each home visit to fit the strengths and needs that were determined by the child and family assessment.
6. **Adults learn best when they are active participants.** Make family visits fun and interesting. Encourage parents to share their ideas and to become involved in the activity. Co-plan your home visit activities and goals with parents.

7. **Adults learn best when they receive feedback.** All of us like to know how we are doing. This includes what we are doing well and what may require improvement. Don’t hesitate to offer constructive feedback that reinforces and corrects.

8. **Adult learning is enhanced by problem solving.** Good problem solving abilities are the key to parental independence. Resist the temptation to dispense answers and information, and engage families in brainstorming, questioning, role playing, and problem analysis instead.

9. **Adults learn to the degree that they feel the need to learn and perceive achievement of personal goals.** Provide opportunities for parents to recognize their needs and interests. Encourage them to set goals and devise a plan for achievement of goals.

10. **Adults learn best with people they admire and who show respect for them.** We are privileged guests in the homes in which we work.
The first type of evaluation conducted by the FSW is the family assessment. This assessment concentrates on the expressed needs of the family in the areas of nutrition, health, social services, education, income, housing, etc. This evaluation is necessary because Head Start is a comprehensive program designed to meet the needs of the total family. It is not your role as a FSW to tell a family what services or assistance they need. Instead, the family assessment process represents an organized method of assisting families to identify their own strengths and needs, set goals to meet these needs, and carry out activities that lead to attainment of these goals. Head Start’s goal in this support process is for the family to increase their skills and independence in meeting their own needs.

The family assessment process is accomplished through a series of family visits. Contacts are made with parents throughout the program year. **Family visits are a required part of the Head Start program.** In addition to assisting in the family assessment process, family visits provide staff with greater insight into each child and families’ strengths and needs. They also demonstrate how important families are to the Head Start program.

Family Service Workers Head Start Centers are required to make two (2) family visits per school year. Family visit timelines are explained later in this section. Every effort will be made to conduct at least two family visits with each family - including those who start midway through the school year.

As with child assessment, family assessment is on-going throughout the program year. The objectives of the family assessment process are:

- To assist the family to determine their strengths and needs
- To assist the family to resolve their immediate problems
- To encourage and assist the family to set short term goals
- To build an awareness of alternative approaches through problem-solving techniques.

Family assessment is designed to be accomplished in three steps:
1. To identify strengths and needs
2. To set and prioritize goals
3. To plan ways to meet the goals.

**Step 1: Identification of Strengths and Needs**

The first phase of the family assessment process increases the family’s awareness of their interests, strengths, and current status; available community and program resources; and family needs or desired services. Determining strengths and needs gives the FSW and family some basic information on areas to target for work. One tool that is utilized is the Parent Interest Sheet to help parents determine their interests, strengths. Teachers will complete the Parent Interest Sheet with the parents at their first home visit. After interests, strengths, and needs have been identified, FSW will work with parents and set additional goals if needed. This will lead toward meeting their needs and expanding their experiences.

**Step 2: Set and Prioritize Goals**

First goals are written during Orientation. Both mother and father are encouraged to write a goal or possibly have a goal together as a family goal. Goals are written in measurable terms (using SMART goal process), stating exactly what will be done and how to determine accomplishment.
Once goals are written, priority should be determined. At times leading the parents to select the interests/needs with immediate results of their efforts can be helpful. As these interests are satisfied, other goals can be added. When a trusting relationship is established, the areas of interest and need are sometimes of a more serious nature, such as child abuse or alcoholism, than those initially identified.

Goals should be recorded on a Family Development Plan. This form provides a running record of goals set throughout the program year. Additionally, the form will contain dates when action was initiated to reach a goal, estimated time required to accomplish the goal, names of providers of service or information, and dates of achievement for each goal. Document one goal per each Family Development Plan.

**Step 3: Plan Ways to Meet Goals**

Steps are outlined to meet stated goals on the Family Development Plan. The parents and you share the major responsibility for designing, carrying out, and evaluating this plan. Remember, as the FSW you are a member of the Head Start team. Other team members may play a vital role in the assessment process.

Begin developing a plan of action by discussing the first priority goal. Next break down the goal into small, easily attainable steps. The number of steps needed to achieve and be objective will vary depending on the individual family, the present related resources, and the nature of the goal. You will then state who will be responsible for carrying out each step and note the date that these steps begin. Assist the parents to identify the resources and strengths they presently have that relate to accomplishing the step. The FSW may offer Head Start resources that directly relate to the goal and action steps. If the parents appear to need the help of an outside agency in accomplishing the step, help them identify the most appropriate agency and list the pertinent information on the plan.

A separate plan will be completed for each goal in order of priority. As goals are accomplished, action steps will be developed and initiated to meet subsequent goals.

In summary, the goal of the on-going family assessment process is to develop family independence. The action taken in this development is rooted in the parents, guided by the FSW, and manifested in the increased capability of the family to meet its own needs. Each of the three steps described is necessary to meet this goal; eliminating any step can result in decreased skill acquisition for parents.

Although FSWs are not generally trained to counsel or advise families they are in a unique position to facilitate parents in resolving problems. FSWs also provide the direct link to support services and resources of the Head Start program. The Family Service Worker role in the family assessment is summarized in the following steps, all of which are done in partnership with parents:

- To identify interests, strengths, and needs
- To establish realistic goals to meet needs
- To establish priority for goals
- To develop a “plan of action” which utilizes family resources and/or strengths
- To identify available community resources
- To follow-up on progress and goal attainment
ISSUES IN FAMILY VISITS

How do I build rapport with parents and motivate them?
The most important factor in building a good working relationship with families is your attitude. It must be positive. You need to treat parents with respect and with an attitude that conveys, “You are important and special, and I know you can teach”. Focus on parents’ positive traits and build on those. View each person as unique individual who has a great deal to offer if he or she is given the chance. You must believe that parents care about their children and want them to attain their maximum potential. Finally, realize that parents are the most important teachers of their children and that through instruction, demonstration, and encouragement they can improve their teaching skills. In short, you must have high expectations which won’t crumble if you experience a setback.

If your attitude is positive, building rapport comes more easily and naturally. You build rapport from the moment you meet. But, don’t lose sight of the reason you are in the home. You are to facilitate learning, and you have a job to do.

Here are some tips for building rapport and motivating parents:

Taking an Interest in the Family
✦ Find out what the parent is interested in - a hobby, sport, a job - and take an interest in that too. You may find a good recipe and share it with someone who likes to cook, give a magazine article on camping to someone who enjoys weekend camping trips, or bring a plant problem that you are having to someone who loves plants. Use your imagination. Be thoughtful.
✦ Be a good listener. This means stop talking, be interested, put yourself in the parent’s place, be patient and ask questions.
✦ If you have taken pictures of a child and parent, make a copy and send or give it the parent.

Reinforcement
✦ Compliment the parent on things he or she has taught the child already and/or special things around the house. Be honest about this praise. Anticipate and seek out the positives.
✦ Assist parents to pursue a goal. Help them enroll in and study for GED course work or tests, assist with food budgeting, etc. Do only those things that you feel competent to do. Make referrals if it is not within your expertise.
✦ Reinforce the parent for working with his/her child, for good attendance at home visits or at parent meetings, or for any progress made. Give recognition in the newsletter or make and distribute certificates for good work.
✦ Have a “Parent of the Month” feature in the newsletter as a reward for good participation.
✦ Promote socialization among parents for participation. You might help organize an exercise class, a bowling team, a parent field trip, or a garage sale.

Parents as Partners
✦ Allow the parent to teach you some things. Remember you are partners, and this implies a give and take relationship. Let the parent tell you about the child and what works with him or her.
✦ Let the parent know that you don’t have all the answers and that you’ve shared some common experiences and problems (toilet training, finding time, etc.)
✦ Be patient. Sometimes we expect adults to change too quickly. Remember adults have different learning rates and learning styles too. It takes a long time to change established behaviors.
Utilize the parent’s skills and talents whenever appropriate. Ask someone who sews to help make paint smocks. Someone who likes to cook might want to share skills at a parent meeting or a children’s experience. Someone who is artistic might decorate the office or center with a mural or design the cover for the newsletter. A musician can be a tremendous lift at a parent gathering. Sometimes recognition gained from sharing talents can motivate further involvement.

Using Others as Resources

- Use your fellow team members as resources in solving your problems. Ask for concrete, positive suggestions.
- Get an uninvolved parent interacting with an active parent. Seat them together at a parent meeting, ask them to chaperone a field trip together, etc.

What do I do if the TV or stereo is on?

Televisions, stereos, and radios, for better or worse, operate for hours on end in homes throughout the country. People have become so accustomed to the noise that it is no longer a serious distraction for most activities. The noise can present a problem on the home visit, however. As many potential distracters as possible should be eliminated so you can all concentrate on the tasks at hand. Here are some hints on how to turn off the TV:

- Explain to the parents that people learn best in an environment that is as free of distraction as possible. Ask if they would please turn the stereo, radio, or TV off for this reason.
- Tell the parents that you work best with few distractions.
- If someone else is watching TV, ask if you can work in another room. If you must work in the room with the TV on, seat yourself so the parent has his/her back to the set and make sure you don’t watch it.
- If you are coming at a time when the parent’s favorite program is on, ask if there is a more convenient time. Give a choice, but make it clear that it is essential to find time when you can have their full attention.

What do I do if there is no place to work?

It is preferable to have a table and chairs at which to work. If there is not an obvious place to work or if the area is cluttered, consider the following strategies:

- Explain that a special work place is helpful. Tell the parent that a table and chairs provide a solid, comfortable surface to work.
- If there is no such area, you can bring a rug to use as your work area.

What do I do about friends and relatives who drop in during the home visit?

Having a home visitor come to the home can be an event that creates curiosity in others. Family friends and relatives may want to drop by to see what is happening. This can be very reinforcing to you, but if these unexpected visits occur frequently, they may interfere.

Again, you will need to address the situation with consideration for the individual circumstances. The answer to the problem will depend upon the reason for and the frequency of unexpected visits. It will also depend on how distracting it really is. The following are some hints for dealing with unexpected visitors:

- If this happens infrequently and the individuals do not disturb what you are doing, you will probably need to say nothing. In fact, you can turn the situation to your advantage. Let them entertain the children while you and the parent work.
If this happens frequently and proves to be a distraction, talk to the parent when you are alone about ways to ask visitors to come back later. Help him/her decide on the actual words to say. Try role playing the situation if the parent seems particularly uncomfortable.

What do I do if there is no one home?
You may encounter occasional unreported absences when completing home visits. When no one answers your knock, consider the following strategies:

- Make it a rule that parents must call the center when they are going to miss a visit.
- Any time you arrive at the home for a scheduled home visit and find no one there, leave a note. State the time you arrived, leave a number where you can be reached, and ask the parent to call so you can reschedule the visit.
- It is sometimes helpful to remind parents that you are coming. Call just before you leave for your visit, send a postcard during the week, etc.

How can I help prevent child abuse and neglect?
Prevention of child abuse and neglect involves fostering and maintaining a safe and healthy mental and physical environment for children and their parents. Problems such as family stress, social isolation, ineffective parenting skills, and inappropriate developmental expectations are some factors identified as contributing to child abuse and neglect. Some strategies to utilize are:

- Review with each parent some of the causes of abuse and neglect such as:
  - Abusive history of parents
  - Inappropriate expectations of child
  - Lack of empathy towards child’s needs
  - Strong belief in use of corporal punishment
  - Inability to cope with stress or handle crisis
  - Chemical dependency of parents
  - Poor self - concept.

- Develop a plan of action with the parent listing strategies that could lead to new ways of handling difficult situations. These efforts build the foundation for helping parents to establish positive life-long, problem-solving patterns.

- Some of the services that Head Start already provides can help prevent child abuse. Make a determined effort to involve parents in activities such as:
  - Policy Council
  - Parent Committee
  - Family Engagement Activities
  - Health Advisory Committee

- Help parents develop support systems through community linkage.

- If your community has a “parental stress hot line”, provide the parent with the phone number and talk about when and why it would be necessary to call.

- Access the parent community agencies which can help to identify and relieve parental stress, such as respite care services.

- Help parents identify specific situations which could lead to abuse and neglect. Develop a plan for defusing these potentially harmful situations.

- Build a trusting relationship and rapport with the family and follow through on activities you indicate you will do or services you will provide.

- Bring in activities to enhance the parents’ self-esteem.

- Be non-judgmental and be aware of different value systems.

- Teach parents positive behavior management techniques.

- Help parents understand the reason for child misbehavior such as attention getting,
frustration, or desire to control the situation. Help parents plan ways to handle these situations.

- Assist parents in establishing family rules that are:
  - Clearly Stated
  - Consistent
  - Fair
  - Enforceable.

- List rules in positive statements. Help parents determine appropriate consequences if a rule is broken.

What do I do about working parents?
FSW may work with grandparents and child care providers, but this is in addition to, not in place of, the parents. Every effort must be made to meet with working parents. Here are a few ways that FSW is able to deliver services to working parents:

- Meet with parents during their lunch hour. This meeting will need to be kept to the parent’s allotted time.
- Evening hours are sometimes required to meet with working parents. The hours spent in the evenings are not in addition to your regular hours but are part of them.
- Some parents will be able to arrange flextime on their jobs that will accommodate early morning or late afternoon visits. If there are two working parents, make every effort to include both parents in the visit.

What do I do when a parent will not participate?
Your goal is to get both parents to participate in the program as much as they are able. Parents, depending on their circumstances at the time you become involved with them, will vary in their ability and willingness to participate. Each parent should be seen as an individual and encouraged to participate no matter how hopeless your efforts may seem. Any action on their behalf must be reinforced and can be used as a starting point. No matter how resistant parents appear, your job is to make an effort to gain their participation. Here are some techniques that have worked for FSW:

- Ask parents to help in activities that are not directly child related, such as making materials, painting equipment, or assisting on a walking field trip.
- Base your goals and expectations for parents on their individual abilities and circumstances.
- Parents may resist becoming involved because they feel threatened by your competence or ashamed of your knowing their limitations. Do not misjudge parents’ reluctance to participate. Demonstrate what you would like the parents to do as you tell them.
- Be sensitive to parents who may not be able to read. Their non-involvement could be a cover up.
- Some parents need more motivation and reinforcement than others to work with their child. Be creative. Reinforcement does not need to burden your pocketbook.

As a Family Service Worker the 1st family visit with the parents will be held in the home. As the FSW gains the trust of the parents, every effort should be made to have the 2nd family visit in the home. If family refuses to have the 2nd home visit in the home, an alternate place should be offered. If a family entirely refuses to participate in the Family Partnership Agreement Process and/or family visits, FSW will document efforts to engage them on the Family Contact Log. Continue to encourage parents to participate on a regular basis throughout the year. *Partnerships will provide a choice of family visits in the home or at an alternate place before each visit. All contacts will be recorded on the family contact log.
What do I do about non-English speaking parents?
It is essential that the parent is able to communicate with you. If a parent does not speak English and you do not speak his/her language, your program must provide an interpreter. Here are some ways programs have been able to work with non-English speaking families:

- The most obvious solution is to hire a FSW who speaks the language, but this is not always possible. An interpreter is often prohibitive due to cost. Search out volunteers in your community who are willing to interpret for you. Try to obtain a volunteer by advertising in the newspaper or through a public radio station.
- Some families who have just arrived in the United States will have a sponsor family. This sponsor might have contacts with people who could help interpret and also may have obtained resources specific to your family’s background which might be helpful to you in serving that family.
- Phone to make appointments late in the afternoon when the older children who are able to speak English are available to interpret.

What do I do if I am afraid for my own safety?
Do not jeopardize your safety or health. If you have concerns about your safety in regard to home visits for a particular family, plan to take another staff person with you. If you find yourself in a situation that you believe is threatening, remove yourself immediately. Although this is not common, it is important for you to be prepared. Trust your judgement. After you have removed yourself from the situation, report the incident to your supervisor and discuss what to do next. Here are some suggestions for handling situations that seem unsafe:

- If you suspect illegal drugs or alcohol were used during or prior to the home visit, excuse yourself as politely as possible by telling the parent that you cannot stay and that you will contact him/her later to arrange another time for the home visit. Report the incident to your Area Manager, and record the reason for the home visit cancellation in writing. Record what you saw - not what you suspect. Record statements such as: “Parent was unable to stand without holding onto a chair; his/her speech was slurred and he/she was using language I have never heard him/her use before.” If on your next visit you feel it is necessary to confront the parent, do so in a non-judgmental manner. Explain that you were unable to work with him/her that day because he seemed less coherent than usual, that the home visit requires everyone’s attention and participation; therefore, you felt it was better to return on another day. Nothing more needs to be said. At that point, get on with your home visit. If this pattern is repeated, request that your Area Manager make a visit to help the parent deal with the situation and/or to set limits on the conditions for your time in the home.
- If you feel threatened by visitors in the home, tell the parent that you feel uncomfortable and that you will return at a time when you and the parent can work alone.
- If there is a communicable or contagious disease such as measles, mumps, chicken pox, flu, impetigo, scabies, or lice, do not enter the home. If you learn about an illness during the home visit, check with a nurse or doctor, or health department before you go to another home.
- Leave your coat, purse, and other personal belongings in the vehicle. Make sure your cell phone is on vibrate.
- When you are in the home never sit with your back to the door.
- Make sure you let another staff member know whose house you are going to and what time your home visit is scheduled.
The Goldenrod Hills Head Start Family Partnership Agreement procedure consists of the following forms:

- Family Development Scale (2)
- Family Development Assessment (1)
- Family Development Plan (1 or more)
- Family Contact Log

Procedure:

- **Orientation (Before school starts)**

1. Family Service Worker introduces and explains Family Partnership Agreement Process to the family. The Family Service Worker may want to show some of the forms that will be used to the family.

2. The family will set a minimum of one goal during the orientation process to work on. If health screening are not complete, FSW should encourage a goal be set in this area, make this a priority. FSW should inquire about any pre-existing goals at this time.

3. Family Service Worker may schedule the first Regular Family Visit at this time. Explain that they will be completing the Family Development Assessment during the family visit and reviewing the current goal. If the first goal was met prior to the first family visit, a second goal will be set at the 1st family visit. The Parent Interest Sheet completed by the parents with the teacher should be reviewed before setting another goal, to possibly reflect information from this form. Other than the first goal, anytime a goal is met, a new goal needs to be set immediately. You should not wait for the next family visit to set a new goal.
FOR CHILDREN ENROLLED AT THE BEGINNING OF THE YEAR:

1. The Family Development Scale is completed by the family at the beginning of the family visit. Copy is given to the family to keep in resource book.

2. Family Service Worker and family complete the Family Development Assessment.

3. Family Service Worker should inquire about the progress made on any Family Development Plans. New goals should be set if previous goals were completed or if the family has any additional priorities they want to work on. Family Development Plans should be based on the family’s expressed interests, strengths, and/or needs, which FSW’s find through conversation with the parents and information shared on the Parent Interest Sheet completed by the parents and teacher at 1st home visit. If the family has a pre-existing goal this can be utilized. At this time “action steps” should be developed and tasks assigned to appropriate persons. A “date due” should be established for each task.

4. Family Service Worker reviews the family’s resource binder at the family visit if family utilizes one. All new families receive a resource binder that is utilized throughout the 1st year. If the child is a returnee, the parents can choose if they want to utilize their resource book from prior year or not. The FSW will provide education during the family visits that last approximately 10-15 minutes. The first home visit will have education provided to the parents under the topics of Safe Environment (using the Safe Environment checklist) and education on Child Abuse utilizing information from the family visit file folder. Each Family Service Worker will carry family visit file folders to the family visits including education and handouts from each of the eleven domains of the Family Partnership Agreement. Additional education will be provided as needed. Family Service Worker also take a copy of the Policy Council Summary Sheet to the family visit & review with the family.

5. Family Service Worker returns to office and scores the Family Development Scale according to the information from the Family Development Assessment.

6. Family Service Worker documents the family visit on the Family Contact Log including all family members that participated in the family visit.

7. If “action steps” were assigned to the Family Service Worker, these should be started at this time.

2. Regular Family Visit - Complete by April 1st

1. Family Service Worker and family re-visit the Family Development Assessment. Any additional notes about the family in any of the areas should be made in a different color of ink. The discussion should include progress toward goals, completion of goals, resources families can continue to use.

2. Family completes the 2nd Family Development Scale. Remember to use a new Scale each time. Copy is given to the family to keep in their resource book.

3. On the second visit, financial & transition/school readiness education will be provided. Any other education from one of the eleven domains of the Family Partnership Agreement will be provided if needed. The FSW and parents will determine this based on the family visit. FSW will also review child’s attendance and immunization/health updates with family during 2nd home visit

4. Family Service Worker reviews resource binder with family, filing education (if applicable) FSW will review most current Policy Council Summary Sheet.

5. Family Service Worker returns to office and scores the Family Development Assessment for the second time. Utilizing a different color ink to show the difference between the 1st and 2nd visits.

6. Family Service Worker documents the visit and who participated on the Family Contact Log.
FOR CHILDREN ENROLLED LATE:
The 1st home visit for children who are late enrollees must be complete within 60 days of the child’s enrollment. The time lines for the 2nd family visit will be determined by the FSW and Area Manager. Every effort must be made to complete 2 family visits with each family, regardless of when they enroll in the program.

If a family is returning to Head Start the following year, this process will continue with the family. In using this process we will be able to see measurable outcomes when working with the families. FSW will bring existing goals forward and review with family. If they want to continue with a goal that was not met last year, work off existing goal sheet. If they want to start new goal, discontinue old goal and write new goal.

Monthly contacts will be made with the family and documented on the Family Contact Log in ChildPlus. At least two contacts must be made per month. At least one of these monthly contacts must relate to the goal. Other contacts should relate to information dealing with family events and/or issues. Basic absence or attendance to activities will not be counted as a contact because this is documented on the attendance sheet or Family Engagement Activity entry. The FSW will make every effort to include both the father and mother when completing the Family Development Assessment Process. If fathers are involved, it should be noted on the Fatherhood Involvement Form.

If a family accomplishes a goal or goals, they must be given the opportunity to develop and work toward additional goals. Goals are to be set with the FSW and the parents present. Each goal must be documented on a separate Family Development Plan. Each goal must also be documented on the Family Service Worker Outcomes forms according to written instructions. The Family Service Worker Outcomes form must be started at the beginning of the year. Goals may be modified and changed in order to reflect a family’s current situation. Additional family visits will be made as necessary in order to assist a family in achieving set goals or as necessary in order to assist a family in crisis.

At all times, the process must be family driven. FSWs should ask all questions on the Family Development Assessment, however families have the option at all times to discuss only the information they feel comfortable sharing.

Referrals should be made and documented on the Monthly Referral report, as appropriate, throughout the process. The FSW should continuously follow-up on the referrals that were made. All crisis referrals should have a goal written related to the referral. The Family Service Worker will determine on all other referrals, if a goal should be written.

If the family is working with NENCAP Case Management, the FSW should work in conjunction with the agency Family Service Coordinator. FSW need to contact Family Service Coordinator to see if there is an existing goal the family is working on before the first family visit. Another assessment does not need to be done. The Head Start file for the family will include a Family Contact Log and copies of the assessment and any pertinent information relating to the Family Partnership Agreement process. The family will do 2 Family Development Scales for the Head Start FSW and note that the family is working with NENCAP Case Management. If the family has already done a Family Development Scale with the Family
Service Coordinator, use the existing scale. This needs to occur in order to facilitate open communication and to ensure that duplication of services does not occur. NENCAP Family Service Coordinators and Head Start FSW’s will be required to meet or have a phone conversation or e-mail contact every month to discuss mutual clients and other important issues. At least one face-to-face meeting must occur every other month. This meeting/contact will occur regardless of any shared clients between the two programs. A copy of the Family Advocate Meeting Report form needs to be sent to the Family Service Program Director, Health Services Director, & Family Service Specialist monthly. Any information that needs to be shared with other support staff will be reviewed and determined by the Family Service Program Director, Health Services Director, & Family Service Specialist. The person completing the form is responsible for distributing the copies.

If the Head Start child has a diagnosed disability, the FSW will make every effort to incorporate any pertinent goals from the IFSP/IEP into the Family Partnership Agreement Process that are parent related. The Head Start teacher will have a copy of the IEP in the child’s education file.
**FAMILY DEVELOPMENT SCALE**

Circle the number that best describes your family.

<table>
<thead>
<tr>
<th>Needs Assistance</th>
<th>TRANSPORTATION</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**FAMILY RELATIONS**

| 1 | 2 | 3 | 4 | 5 | 6 |

**PARENTING**

| 1 | 2 | 3 | 4 | 5 | 6 |

**ALCOHOL/DRUG USE**

| 1 | 2 | 3 | 4 | 5 | 6 |

**CHILDREN’S EDUCATION**

| 1 | 2 | 3 | 4 | 5 | 6 |

**ADULT EDUCATION/CAREER DEVELOPMENT**

| 1 | 2 | 3 | 4 | 5 | 6 |

**EMPLOYMENT**

| 1 | 2 | 3 | 4 | 5 | 6 |

**INCOME/BUDGET**

| 1 | 2 | 3 | 4 | 5 | 6 |

**HEALTH CARE**

| 1 | 2 | 3 | 4 | 5 | 6 |

**NUTRITION**

| 1 | 2 | 3 | 4 | 5 | 6 |

**HOUSING**

| 1 | 2 | 3 | 4 | 5 | 6 |

Father/Guardian Signature ___________________________________________ Date ________________

Mother/Guardian Signature ___________________________________________ Date ________________

Family Service Worker Signature _________________________________ Date ________________

☐ 1st Family Visit ☐ 2nd Family Visit
Name of Form: FAMILY DEVELOPMENT SCALE

Purpose: To document a parent/guardian’s self-assessment in each of the areas of the Family Development Assessment.

To document each family’s progress during the school year.

Instructions: This form is completed by parents/guardians as a self-assessment of strengths and needs. It is completed 2 times per year.

FSWs must provide each accepted family with the first Family Development Scale at 1st family visit.

The 2nd Family Development Scale may be completed during the 2nd regular family visit.

A copy (yellow) must be given to the parent/guardian. A separate FDS must be done at each family visit.

Completed By: Parents/Guardians

Date Due: 1st - 1st Family Visit
2nd - 2nd Family Visit

Send To: Copy (yellow) given to parents

Filed At: Child’s File (white) & Parents Resource Book- if applicable (yellow)

Revised: 6/12
FAMILY DEVELOPMENT ASSESSMENT

Child Name: ____________________________ Parent(s) Name: ____________________________

1st Family Visit date: ____________ 2nd Family Visit Date: ____________ Center: _______________

TRANSPORTATION:
1. Do you have any transportation problems? Y      N  If so, what ________________________________
2. Would you like more information or additional assistance with transportation resources? Yes  No
   If yes, what?
Do you need car seat assistance or training? Y   N  Comments: ________________________________
Provided resources and/or education in the Transportation area: Y   N
If yes, what was provided:

(Needs Assistance)  TRANSPORTATION  (Thriving)
| 1 | 2 | 3 | 4 | 5 | 6 |

FAMILY RELATIONS:
1. Who do you feel your support system is?
2. Would you like more information or additional assistance with family relationship resources? Y   N
   If yes, what?
3. Have you had or do you need assistance with counseling services? Y   N
4. As a parent, are you involved in any community activities? Y   N
   If yes, what?
Provided resources and/or education in the Family Relationship area: Y   N
If yes, what was provided:

(Needs Assistance)  FAMILY RELATIONS  (Thriving)
| 1 | 2 | 3 | 4 | 5 | 6 |

PARENTING:
1. Would you like more information or additional assistance with parenting? Y   N
   If yes, what?
2. Referred for services by a Child Welfare Agency? Y   N
   Provided Child Abuse education at 1st Family Visit: Y   N
   If yes, what was provided:
Provided resources and/or education in the Parenting area: Y   N
If yes, what was provided:

(Needs Assistance)  PARENTING  (Thriving)
| 1 | 2 | 3 | 4 | 5 | 6 |

ALCOHOL/DRUG USE:
1. Would you like more information or additional assistance with alcohol/drug use resources? Y   N
   If yes, what?
2. Have you talked with your children regarding the use of alcohol or drugs? Y   N
3. Do you or any member of your family smoke? Y   N
   Provided resources and/or education in the Alcohol/Drug Use area: Y   N
   If Yes, what was provided:

(Needs Assistance)  ALCOHOL/DRUG USE  (Thriving)
| 1 | 2 | 3 | 4 | 5 | 6 |
CHILDREN’S EDUCATION:
1. How do you feel your Child’s School Readiness goal is progressing? ______________________________

2. Would you like more information or additional assistance with children’s education?  Y   N
   If yes, what?_______________________________________________________________________

3. Your child’s attendance %: __________________________________________ (FSW review with parent)

4. Is your child involved in any non-academic activities or community activities?  Y   N
   If so, what? ______________________________________________________________________

Provided Transition education at 2nd Family Visit?  Y   N
If yes, what was provided: ______________________________________________________________________

Provided resources and/or education in the Children Education area:  Y   N
If yes, what was provided: ________________________________________________________________

(Needs Assistance) CHILDREN’S EDUCATION (Thriving)

1 2 3 4 5 6

Adult Education:
1. Do you have any plans for continuing your education?  Y   N
   If yes, what? ________________________________________________________________________

2. Would you like more information or additional assistance with adult education?  Y   N
   If yes, what? ________________________________________________________________________

Provided resources and/or education in the Adult Education area:  Y   N
If yes, what was provided: ________________________________________________________________

(Needs Assistance) ADULT EDUCATION (Thriving)

1 2 3 4 5 6

Employment:
1. Do you have a job?  Y   N
    Does your spouse have a job?(If applicable)  Y   N

2. Is anyone in your family currently in the military?  Y   N

3. Would you like more information or additional assistance with job training/ skills?  Y   N
   If yes, what? ________________________________________________________________________

Provided resources and/or education in Employment area:  Y   N
If yes, what was provided: ________________________________________________________________

(Needs Assistance) EMPLOYMENT (Thriving)

1 2 3 4 5 6

INCOME/BUDGET:
1. Does your income meet your basic needs?  Y   N

2. Do you utilize a monthly budget?  Y   N

3. Your income comes from what sources?  □Employment  □Child Support  □TANF  □SSI  □Other

4. Would you like more information or additional assistance with income/budget?  Y   N
   If yes, what? ________________________________________________________________________

Provided financial education at 2nd Home Visit:  Y   N
If yes, what was provided: ________________________________________________________________

Provided resources and/or education in Income/Budget area:  Y   N
If yes, what was provided: ________________________________________________________________

(Needs Assistance) INCOME/BUDGET (Thriving)

1 2 3 4 5 6
**HEALTH CARE**

1. Is your child currently being treated for:  
   - Diabetes  
   - High Lead Level  
   - Anemia  
   - Hearing  
   - Vision  
   - Asthma  
   - Overweight  
2. Has your child been treated in the past:  
   - Diabetes  
   - High Lead Level  
   - Anemia  
   - Hearing  
   - Vision  
   - Asthma  
   - Overweight

If so, when?___________________________________________________________________________

3. Please list if your child received tubes in ears or glasses for vision this school year?________________

4. What is your current health care coverage for you?________________ Your spouse?________________

5. What is your current health care coverage for your child?_____________________________________

6. Would you like more information or additional assistance with health care? Y         N  
   If yes, what? __________________________________________________________________________

Provided review of immunizations/health updates with parents on 2\textsuperscript{nd} family visit? Y       N  
If yes, what was provided: _______________________________________________________________

Additional Comments: ___________________________________________________________________

Provided resources and/or education in Health Care area: Y   N  
If yes, what was provided:________________________________________________________________

**NUTRITION:**

1. Currently receiving WIC services?   Y      N  2. Currently receiving Food Stamps?  Y       N  
3. Do you have enough food to last you month to month?   Y      N  
   If no, have you utilized the community food pantry?   Y      N  
   If yes, when? __________________________________________________________________________

4. Would you like more information or additional assistance with nutrition?   Y       N  
   If yes, what? __________________________________________________________________________

Provided resources and/or education in Nutrition area: Y   N  
If yes, what was provided: _______________________________________________________________

**HOUSING:**

1. Homeless/Foster? Y   N (circle if yes)  2. Do you have any current eviction/disconnection notices?Y   N  
3. Need assistance with housing repairs? Y   N  4. Would like to apply for Weatherization? Y       N  
5. Would you like more information or additional assistance with housing? Y       N  
   If yes, what? __________________________________________________________________________

Provided Safe Environment Checklist & education at 1\textsuperscript{st} family visit: Y       N  
Provided resources and/or education in Housing area: Y   N  
If yes, what was provided:________________________________________________________________

**Additional Comments:**

Family provided Resource Binder for family visit:  Yes    No  
Comments:____________________________________________________________________________

Reviewed Current Policy Council Summary Sheet with parents  Yes   No  
Comments:____________________________________________________________________________
**Name of Form:** FAMILY DEVELOPMENT ASSESSMENT

**Purpose:**
This is the main piece of the Family Partnership Agreement Process. It is used to assess a Head Start family’s strengths and needs. Every enrolled family must be given the opportunity to participate in the Family Partnership Agreement Process.

**Instructions:**
Complete the Family Development Assessment at each family visit. Any changes made on 2nd family visit should be marked using a different color ink with the new date. Intervals need to be marked on the scale at the time of the family visit or within 2 days of completing the family visit by the FSW. During the family visit process, parent education should be provided to the parents. FSW will have a file folder filled with education and handouts to give to parents on the eleven domain topics of the FPA. (Transportation, Family Relations, Parenting, Alcohol/Drug Use, Children’s Education, Adult Education, Employment, Income/Budget, Health Care, Nutrition, & Housing). For the first family visit, the FSW is required to education on Safe Environment which includes a checklist for the parents home. Also education on Child Abuse must be provided. For the 2nd they are required to provide financial education and transition/school readiness education. For 2nd family visit, a review of child’s immunizations and health updates is also required. It will be up to the FSW and parent on which area focus the education piece for all visits.

During family visits, the FSW will also provide a copy of the current Policy Council Summary sheet and review with the parents. If they do not already have a copy in their resource binder, the copy is then placed in the parents resource binder after the review. The resource binder is to be pulled out for the family visit by the parents for all first year parents and second year parents if parent chose to continue with binder from previous year. Education materials given to the parents is also placed in the resource binder for the parents to utilize, along with the parents copy of the scale and any new goal sheets written.

**Completed By:**
FSW

**Date Due:**
60 day, April 1st

**Send To:**
-----

**Filed At:**
Child’s File

**Revised:**
6/12
All questions can be adapted to the child’s present living situation ie: foster care, living with grandparents, over income, etc.

TRANSPORTATION
* What are some of your family’s needs for transportation?

* Do you have a driver’s license? *Is it current? *What state is it from? *If you have never had one, why?

* Do you have access to reliable transportation? If so, is it insured? *Do you have your own car? *What kind of shape is it in? *Can you borrow transportation? *Can you call someone for a ride?

* What does your transportation limit you from doing? Getting to work and school, getting children from childcare, getting to medical and dental appointments, keeping in contact with support systems, etc.;

* Are you able to pay for your transportation expenses every month? *Gas, oil, repairs - if own car; car payments

Possible Goals: Obtain transportation, get car repaired, budget for repairs, obtain driver’s license

FAMILY RELATIONS
* Who do you rely on for help and support? How often do you see or talk to those people? *Family, friends, church, community

* Who do you consider to be a member of your family? *Immediate family only or extended family

* In what community activities are you involved? *Church, Service Organizations, Hobby Clubs, Children’s activities - sports, 4-H, Girl/Boy Scouts

* How are conflicts resolved in your household? *How do you handle an argument with another adult?

Possible Goals: Re-connect with family, friends, for support; join community organizations; get more involved with children’s activities; acquire conflict resolution skills/training; leave abusive situation; get a protection order; expungement process; seek counseling (Copy of all goals for Mental Health go to Mental Health Specialist)

PARENTING
* Have your children always lived in your household? *Have children lived with another parent? Relative; Been in Foster Care?

* What are the most important rules in your household? *Curfew, Eat meals together, no lying, no hitting

* How are the rules enforced? *Grounding, loss of privileges, time-out, etc. *Are they enforced consistently?

* Does your child show any behavior problems? How do you respond to those behaviors? *What things are your children good at? *What things could they work on? Tell me some good things about your children.

* When you and your children have time together, what kinds of things do you do? (daily routines, family traditions and celebrations, leisure/recreation)
Possible Goals: Custody issues; Enforce rules consistently; Develop family rules; Obtain child
development information; Spend more time together as a family; Develop a family hobby.

ALCOHOL/DRUG USE
* Does anyone in your family have a problem with the use of medications, alcohol, or other drugs? If
yes, how often? Prescription med.; Drugs; Alcohol; Tobacco

* Does this affect your family, work, school, or other obligations? If yes, how?

* What have you discussed about drug/alcohol usage with your children?

* Do your social activities involve drug/alcohol use? If so, how often?

Possible Goals: Get off drugs/alcohol; Confront a family member or friend about drug use; Talk to kids
about drugs/alcohol, etc.

CHILDREN’S EDUCATION
* Are your children attending school? Pre-School, grade school; high school college

* How are they doing in school? (Discipline problems, grades, relationships with peers and teachers) Do
they like school?

* Describe your involvement with your child’s school. Do you attend conferences, sporting events,
activities? Do you know and communicate with teachers, administrators, coaches?

* Were you able to obtain basic school supplies?

Possible Goals: Attend parent teacher conferences; Attend children’s activities; Make an effort to reduce
absences; Work with children to help improve grades (help with homework); Communicate with school
officials, etc.

ADULT EDUCATION
* What is the highest grade you completed? Your partner? High School, some college, college degree

* Describe any plans for continuing your education. (Goals) What would you like to do? Computer
skills, communication skills, etc.

* Are you aware of resources to further your education or job training skills? GED classes, ESL classes,
job training programs, etc. Do you know of what jobs are available in your area? Interview skills,
Resume, applications, etc.

Possible Goals: Obtain GED, College classes/degree; Attend ESL classes; Learn new language; Take a
class in an area of interest; Develop Resume; etc.

EMPLOYMENT
* Do you have a job? Does your spouse?

* How long have you worked there and are you satisfied with your job? Do you like to go to work?

* Does your job include benefits? (Health insurance, retirement, company car, etc.)
* What skills and/or experience do you have to achieve your employment goals?

* What kind of work interests do you have or what type of work are you looking for?

* What obstacles hinder you from finding employment? **Ask about the family’s child care needs here.** *Lack of transportation, Lack of childcare, etc.*

* Are there opportunities for you to advance in your current position? Have you had a recent promotion? *Have you had a recent raise?*

* Do you feel the company that you work for is secure? *Are you worried about losing your job? For what reason?*

**Possible Goals:** *Change jobs, Move into a new position, Take a class to improve skills, get ahead, etc.*

**INCOME/BUDGET**

* What is your monthly income? *All sources - job, child support, TANF*

* What are your outstanding debts? *Credit Cards, Medical/Dental, Owe back child support, car payment, house payment, utilities*

* How much money, if any, do you save per month? *Savings account, retirement account, “cookie jar”, etc.*

**Possible Goals:** *Pay off one or more debts; Develop and use a budget; Save money for specific or general purposes; etc.*

**HEALTH CARE**

* Ask about missing child health screenings, immunizations (if applicable). Where are they in the process, what appointments are scheduled, etc.*

* Describe when you and members of your family go to the doctor. Dentist. Eye exams. *Do you go for regular check ups or just when someone is sick? Do you have access to health care? Can you find a doctor/dentist who accepts Medicaid/Kid’s Connection? Are your children’s immunizations up-to-date? Is pre-natal care necessary? Being accessed?*

* Are you currently seeing a therapist/counselor? If so, what was your concern? *Stress, depression issue? Mental Health Concerns?*

* Do you have transportation to seek health care services? *Can you get to the doctor/dentist?*

* Do you have the resources to pay for medical services? *Do you have private health insurance? Medicaid? Kid’s Connection?*

**Possible Goals:** *Obtain health insurance; Apply for Medicaid; Go for regular check-ups; Get needed medication; Take care of a medical/dental problem; See a counselor; Get information on stress management, etc.* (A copy of all Mental Health goals need to be sent to Mental Health Specialist)
NUTRITION
* What are some of the most common meals your family eats? What meals do you and your family like? Do you cook a lot? Do you eat a lot of fast food?

* What kinds of foods do your children snack on? Are they nutritious? Do they eat a lot of junk food?

* Are you receiving Food Stamps?

* What area’s in the five basic food groups are you lacking?

Possible Goals: Apply for Food Stamps; Check into commodities/WIC; Eat less fast food; Eat healthier snacks and meals; Cook more as a family; Budget for food; etc.

HOUSING
Rent ___________________ (per month) Utilities ___________________ (per month)
Insurance ________________ (per month) Maintenance _______________ (per month)

* Are you living in reliable housing of your choice? In not, explain. Do you rent or own? Is the house safe and in good repair?

* Have you had an eviction/disconnection notice in the past 6 months or year? If so, when and how many?

* Is sleeping space available for all family members separate from living area? Children not sleeping with adults, girls and boys sleeping separate; No one sleeps on the floor or in the living room

* Do you feel threatened with injury in your neighborhood? High crime, drugs, etc..

* Is your house warm in the winter and cool in the summer? Working furnace, weatherproof windows, weatherization

* Has your water been tested? Nitrates, lead, or bacteria? Does the water contain fluoride?

Possible Goals: Purchase home; Move to better/safer housing; Catch up on rent; Purchase furniture; home improvement project; Repairs/weatherization; Clean house
GOAL #___________

FAMILY DEVELOPMENT PLAN
Child Name: _____________________  Center/Classroom: ____________

X The Family Development Scale area for which goals are written

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Alcohol/Drug Use</th>
<th>Employment</th>
<th>Nutrition</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Relations</td>
<td>Children’s Education</td>
<td>Income/Budget</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Parenting</td>
<td>Adult Education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT(S) GOAL:
☐ Crisis Goal

<table>
<thead>
<tr>
<th>Steps</th>
<th>Person Responsible</th>
<th>Date Due</th>
<th>Date Completed</th>
<th>Contacts/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Goal Met
(Date)

☐ Goal Discontinued
(Date)
(Reason)

Mother/Father/Guardian Signature ___________________________ Date ____________

Family Service Worker Signature ___________________________ Date ____________

32
Name of Form: FAMILY DEVELOPMENT PLAN

Purpose:
To document goal setting in accordance with the Family Partnership Agreement Process.

To track progress of family goals.

Instructions: The FSW and parent/guardian should complete at least one short term Family Development Plan during the school year. The FSW should complete crisis related goals as needed. All crisis referrals should have a crisis goal written. It should be filled out as specifically as possible and updated as necessary. Small, measurable, short-term goals should be stated with responsibilities assigned. When a step has been accomplished or progress made on goal, it should be written in the contacts/comments column. A copy (yellow) must be given to the parent/guardian. ONLY ONE GOAL PER FAMILY DEVELOPMENT PLAN. When a goal is written, it should be written on the FSW Outcomes form. This should be on-going through out the year. Refer to Family Partnership Agreement Procedure for further instructions. The goal(s) written are encouraged to be either a family goal or mom and dad can write individual goals.

Completed By: FSW and Parent/Guardian

Date Due: At least one goal set at orientation; Complete at the end of the school year; Follow Written Procedure; Progress on-going

Send To: ------

Filed At: Current original FDP filed in Family Service Worker Notebook; any FDP with goals discontinued or met in Child’s File

Revised: 6/12
**FAMILY DEVELOPMENT PLAN-EXAMPLE**

The Family Development Scale area for which goals are written

- Transportation
- Family Relations
- Parenting
- Alcohol/Drug Use
- Children’s Education
- Adult Education
- Employment
- Income/Budget
- Nutrition
- Housing
- Health

**PARENT(S) GOAL:**

- ☒ Crisis Goal

Parents will utilize the food pantry within 24 hours.

<table>
<thead>
<tr>
<th>Steps</th>
<th>PERSON RESPONSIBLE</th>
<th>DATE DUE</th>
<th>DATE Completed</th>
<th>Contacts/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) FSW will locate the telephone number and contact person information for the Food Pantry</td>
<td>Kary</td>
<td>4-1-10</td>
<td>4-1-10</td>
<td>United Church of Christ sponsors the food pantry and the contact person is Corbin</td>
</tr>
<tr>
<td>2) Aiden will call contact person and set up an appointment to receive food.</td>
<td>Aiden</td>
<td>4-1-10</td>
<td>4-1-10</td>
<td>Aiden called the Food Pantry and found out they qualified for assistance</td>
</tr>
<tr>
<td>3) Keep the appointment at the Food Pantry and take what food is needed to sustain the family until the next pay day.</td>
<td>Aiden</td>
<td>4-1-10</td>
<td>4-1-10</td>
<td>Aiden kept appointment at Food Pantry and received enough food for the family until Aiden is able to buy groceries on the next pay day.</td>
</tr>
</tbody>
</table>

- ☒ Goal Met 4-1-2010

- □ Goal Discontinued

---

Mother/Father/Guardian Signature ___________________________ Date ___________________________

Family Service Worker Signature ___________________________ Date ___________________________
**PARENT(S) GOAL:**

- Crisis Goal

Mom will obtain free formula for Chris within 24 hours.

<table>
<thead>
<tr>
<th>MEASURABLE SHORT-TERM GOAL:</th>
<th>PERSON RESPONSIBLE</th>
<th>DATE DUE</th>
<th>DATE DONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) FSW will locate free baby formula through public assistance</td>
<td>Kary</td>
<td>3-2-10</td>
<td>3-2-10</td>
<td>Salvation Army has the brand of baby formula that Chris uses</td>
</tr>
<tr>
<td>2) FSW will notify Abby of where and how to pick up the formula</td>
<td>Kary</td>
<td>3-2-10</td>
<td>3-2-10</td>
<td>A family member must pick up the formula - the Salvation Army wouldn’t allow me to do it.</td>
</tr>
<tr>
<td>3) Abby will make contact with the Salvation Army and arrange for a pick up time of the baby formula</td>
<td>Abby</td>
<td>3-2-10</td>
<td>3-2-10</td>
<td>Abby works in Norfolk and was able to obtain the baby formula on her lunch break from the Salvation Army.</td>
</tr>
</tbody>
</table>

**Goal Met 3-2-2010**

**Goal Discontinued**

(Date)

(Reason)

---

Mother/Father/Guardian Signature Date

Family Service Worker Signature Date
**FAMILY DEVELOPMENT PLAN - EXAMPLE**

X The Family Development Scale area for which goals are written

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Alcohol/Drug Use</th>
<th>Employment</th>
<th>Income/Budget</th>
<th>Nutrition</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Relations</td>
<td>Children’s Education</td>
<td>Adult Education</td>
<td>X Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT(S) GOAL:

☑ Crisis Goal

Parents will obtain a physical for Boddie before Head Start exclusion begins- (90 days from first day of school)

<table>
<thead>
<tr>
<th>Steps:</th>
<th>PERSON RESPONSIBLE</th>
<th>DATE DUE</th>
<th>DATE DONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) FSW will contact local service organizations to see if funds are available</td>
<td>Kary</td>
<td>11-2-09</td>
<td>11-2-09</td>
<td>Salvation Army, Good Neighbors, and St. Vincent DePaul has no funds available at this time.</td>
</tr>
<tr>
<td>2) Mother will contact pediatrician to determine the cost of a physical</td>
<td>Jennie</td>
<td>11-4-09</td>
<td>11-4-09</td>
<td>A complete physical will cost $110.</td>
</tr>
<tr>
<td>3) FSW will fill out Individual Follow Up Plan pages one and two to request funds from Head Start Family Service Specialist</td>
<td>Kary</td>
<td>11-5-09</td>
<td>11-5-09</td>
<td>Family Service Specialist will provide funding for half of the cost of the physical</td>
</tr>
<tr>
<td>4) Mother will schedule an appointment with pediatrician for Boddie to receive his physical and notify FSW of the date</td>
<td>Jennie</td>
<td>11-8-09</td>
<td>11-7-09</td>
<td>Boddie’s physical is scheduled for 11-18-09.</td>
</tr>
</tbody>
</table>

Goal Met 11-18-2010 (Date)

Goal Discontinued

(Date)

(Reason)

Mother/Father/Guardian Signature __________________________ Date ________________

Family Service Worker Signature __________________________ Date ________________
PARENT(S) GOAL:

Crisis Goal

Father will obtain assistance to pay utility bill within ten working days.

<table>
<thead>
<tr>
<th>Steps</th>
<th>PERSON RESPONSIBLE</th>
<th>DATE DUE</th>
<th>DATE DONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Father will contact HHS and set an appointment to determine if the family qualifies for assistance</td>
<td>Kevin</td>
<td>11-2-09</td>
<td>11-2-09</td>
<td>HHS is unable to assist with Utility Bill at this time. Kevin was given the proper documentation from HHS to take to local service organizations to show HHS has denied assistance.</td>
</tr>
<tr>
<td>2) FSW will contact local service organizations to see if funds are available</td>
<td>Kary</td>
<td>11-4-09</td>
<td>11-4-09</td>
<td>Salvation Army, Good Neighbors, and St. Vincent DePaul has no funds available at this time. Goldenrod Hills Community Action has funds available at this time. I have scheduled an appointment with the Goldenrod Hills Family Service Coordinator</td>
</tr>
<tr>
<td>3) Father will keep appointments set with local service organizations to obtain assistance with utility bill</td>
<td>Kevin</td>
<td>11-8-09</td>
<td>11-7-09</td>
<td>Kevin has an appointment scheduled for 11-10-09 to meet with Family Service Coordinator</td>
</tr>
</tbody>
</table>

Goal Met 11-10-2010  
(Date)

Goal Discontinued

(Date)

(Reason)

Mother/Father/Guardian Signature  
Date

Family Service Worker Signature  
Date
SAFE ENVIRONMENT

Client Name: ___________________________ Date: _______________

Please check appropriate column. List Target Date if safety practice needs improvement. If practice is not applicable to client, write n/a under comments.

<table>
<thead>
<tr>
<th>Completed</th>
<th>Needs Improvement</th>
<th>Target Date For Completion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to verbalize Emergency plan (for fire, tornado or disaster)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of written emergency phone numbers to use at home and while away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nightlights in hallways and bathrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outlet Covers in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical cords can’t be tripped over or pulled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke alarm present in each sleeping room/area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Smoke alarm outside sleeping area (hallway)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Smoke alarm on every level of home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate child safety seat available and installed correctly in vehicle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-skid surface in shower or bathtub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety gates at top and bottom of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair appliances, irons, razors, sharp objects out of children’s reach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety latches on cabinets and drawers – (ones with harmful items) in bathroom, bedroom, &amp; kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe sleeping arrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door locks used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearms locked up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemicals, cleaning products, cosmetics, out of children’s reach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe medicine storage (Out of reach or locked up)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matches and lighters out of reach of children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If children are present in the home, are these practices observed? yes, all in place most in place some in place none in place

If children are not present in the home, please explain plans to start safety practices.
# FAMILY DEVELOPMENT MATRIX

Community Action of Nebraska (CAN)

The matrix is used to determine areas where individuals and families are at risk, safe, or thriving. Through an assessment and goal setting process, areas of concern are strengthened through the Family Development program.

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
<th>FAMILY RELATIONS</th>
<th>PARENTING</th>
<th>ALCOHOL/DRUG USE</th>
<th>CHILDREN'S EDUCATION</th>
<th>ADULT EDUCATION / CAREER DEVELOPMENT</th>
<th>INCOME/BUDGET</th>
<th>EMPLOYMENT</th>
<th>HEALTH CARE</th>
<th>NUTRITION</th>
<th>HOUSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to reliable transportation</td>
<td><em>Nurturing family environment</em></td>
<td><em>Children live with parent(s) or permanent guardians</em></td>
<td><em>Able to fulfill all obligations</em></td>
<td><em>Certification of completion/degree</em></td>
<td><em>Timely bills, managed debt</em></td>
<td><em>Families have well-balanced diet</em></td>
<td><em>Spends less than 20% of income for shelter</em></td>
<td><em>Rent / utilities adequately affordable</em></td>
<td><em>Person has exceeded basic needs and continue to strive for a better quality of life.</em></td>
<td></td>
</tr>
<tr>
<td>Ability to maintain or replace car</td>
<td><em>Active in community</em></td>
<td><em>Mutually agreed upon rules and expectations; conflicts easily negotiated</em></td>
<td><em>Charting the highest points for education/employment earnings</em></td>
<td><em>Employed by offering business offering comprehensive benefit package</em></td>
<td><em>Have reliable transportation</em></td>
<td><em>Safe but temporary housing (6 months or less agreement)</em></td>
<td><em>Person has met basic needs and are capable of future growth and movement within the program.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong, supportive network of family and friends</td>
<td><em>Children happy, socially well adjusted</em></td>
<td><em>Children involved in non-academic activities</em></td>
<td><em>No discipline problems reported</em></td>
<td><em>Have reliable transportation</em></td>
<td><em>Healthy living</em></td>
<td><em>Have reliable transportation</em></td>
<td><em>Person is provided with a secure living environment; the potential for growth is minimal.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid driver's license</td>
<td><em>Children enjoy parent(s)</em></td>
<td><em>Parental involvement in &amp; attendance at school activities</em></td>
<td><em>No discipline problems reported</em></td>
<td><em>Have reliable transportation</em></td>
<td><em>Healthy living</em></td>
<td><em>Have reliable transportation</em></td>
<td><em>Person is provided with a secure living environment; the potential for growth is minimal.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAVELING TO WORK</th>
<th>EDUCATION</th>
<th>HEALTH CARE</th>
<th>NUTRITION</th>
<th>HOUSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to transportation from others</td>
<td><em>Budgets for transportation expenses</em></td>
<td><em>Participates in family make-up</em></td>
<td><em>Positive extended family</em></td>
<td><em>Physically safe, emotionally secure</em></td>
</tr>
<tr>
<td>Valid driver's license</td>
<td><em>Consistent family make-up</em></td>
<td><em>Positive extended family</em></td>
<td><em>Physically safe, emotionally secure</em></td>
<td><em>Consistent family make-up</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THREAT</th>
<th>RISK</th>
<th>POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to transportation</td>
<td><em>Physical violence</em></td>
<td><em>Serious emotional abuse</em></td>
</tr>
<tr>
<td>Resources not within walking distance</td>
<td><em>Family make-up change</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
<tr>
<td>High ro drivers license</td>
<td><em>No vehicle insurance</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THREAT</th>
<th>RISK</th>
<th>POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to transportation</td>
<td><em>Physical violence</em></td>
<td><em>Serious emotional abuse</em></td>
</tr>
<tr>
<td>Resources not within walking distance</td>
<td><em>Family make-up change</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
<tr>
<td>High ro drivers license</td>
<td><em>No vehicle insurance</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AT RISK</th>
<th>RISK</th>
<th>POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to transportation</td>
<td><em>Physical violence</em></td>
<td><em>Serious emotional abuse</em></td>
</tr>
<tr>
<td>Resources not within walking distance</td>
<td><em>Family make-up change</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
<tr>
<td>High ro drivers license</td>
<td><em>No vehicle insurance</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AT RISK</th>
<th>RISK</th>
<th>POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to transportation</td>
<td><em>Physical violence</em></td>
<td><em>Serious emotional abuse</em></td>
</tr>
<tr>
<td>Resources not within walking distance</td>
<td><em>Family make-up change</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
<tr>
<td>High ro drivers license</td>
<td><em>No vehicle insurance</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AT RISK</th>
<th>RISK</th>
<th>POTENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to transportation</td>
<td><em>Physical violence</em></td>
<td><em>Serious emotional abuse</em></td>
</tr>
<tr>
<td>Resources not within walking distance</td>
<td><em>Family make-up change</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
<tr>
<td>High ro drivers license</td>
<td><em>No vehicle insurance</em></td>
<td><em>No vehicle insurance</em></td>
</tr>
</tbody>
</table>
CREATING S.M.A.R.T. GOALS
(use for parent goal writing)

Specific Goals: A specific goal has a much greater chance of being accomplished than a general goal. To be specific you must answer: Who, What, Where, When, Which, Why

Tips for Setting S.M.A.R.T. Goals
1. Attach a date to the goal. When you intend to accomplish the goal.
2. State goals as declarations of your intentions.
3. Share your goals with someone who cares if you reach them.
4. Be specific.
5. Review and revise your goals regularly.

What is a Smart Goal?

S=Strategic and Specific
The goal should identify a specific action or event that will take place. Answers the question: Who and What?

SPECIFIC EXAMPLE:
General: “Get in shape.”
Specific: “Join a health club and workout 3 days a week.”

General: “Get my AA Degree”
Specific: “Take 3 credit hours towards my AA degree at NECC in the fall of 2011”
Specific: “Will complete first semester with B or above average by December 2011”

M=Measurable
Establish concrete criteria for measuring progress toward the attainment of each goal you set. Choose a goal with measurable progress, so you can see change occur. The feeling of success helps you remain motivated.
Include in the specific goal statement the measurements to be used to determine that the results or outcomes expected have been achieved. It answers the question: How?

A=Attainable
Identify goals that are important to you, when you do you will begin to figure out ways to make them come true.
Goals should challenge people to do their best, but they need also be achievable

R=Relevant/Rigorous
Realistic goals are those that have the resources to accomplish the goal including: skills needed are available, funding, equipment.
Goals need to pertain directly to the performance challenge being managed.

T=Time Bound
The deadlines/timelines set must be measurable, realistic and achievable. Enough time to achieve the goal and not too much time, which can affect project performance. It answers the question: When?
# FSW OUTCOMES FOR FAMILY GOALS

**School Year:** _______________  **FSW:** ___________________________  **Center:** _______________

## EMPLOYMENT

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><em>Full-time employment (Currently Unemployed)</em></td>
<td>To obtain full-time (35+ hours/week) employment and maintain employment for 90 or more days</td>
<td></td>
<td>Full-time job for 90+ days</td>
<td>Part-time job for 90+ days</td>
<td>PT or FT Job &gt; 90 days</td>
<td>No Job</td>
</tr>
<tr>
<td>B</td>
<td>Part-time Employment</td>
<td>To obtain part-time (15+ hours) employment and maintain employment for 90 or more days</td>
<td></td>
<td>Obtained 90+ days</td>
<td>Obtained less than 90 days</td>
<td>Seeking</td>
<td>No change</td>
</tr>
<tr>
<td>C</td>
<td>*Employment Upgrade or Improving Job</td>
<td>To upgrade current employment by increasing the number of hours, wages, and/or benefits</td>
<td></td>
<td>Upgraded Full-time Job</td>
<td>Upgraded Part-time Job</td>
<td>Seeking to Upgrade</td>
<td>No change</td>
</tr>
<tr>
<td>D</td>
<td>Child Care</td>
<td>To obtain affordable, accessible, and safe child care for employment and needed services</td>
<td></td>
<td>Obtained and Satisfied</td>
<td>Obtained, but not satisfied</td>
<td>Seeking child care</td>
<td>No change</td>
</tr>
</tbody>
</table>

## EMPLOYMENT

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

FSW OUTCOMES FOR FAMILY GOALS

41
### TRANSPORTATION

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Can lawfully drive</td>
<td>To learn to drive or obtain a driver’s license</td>
<td></td>
<td>Obtained a license and/or can drive</td>
<td>Sustained, but some problems</td>
<td>Studying</td>
<td>No change</td>
</tr>
<tr>
<td>F</td>
<td>Access to transportation</td>
<td>Has obtained or has access to a reliable means of transportation</td>
<td></td>
<td>Obtained</td>
<td>Sustained, but some problems</td>
<td>Seeking</td>
<td>No change</td>
</tr>
</tbody>
</table>

### TRANSPORTATION

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FSW OUTCOMES FOR FAMILY GOALS
## HEALTH CARE

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Medical Care Coverage</td>
<td>To obtain medical care coverage through an employer, affordable private pay plan, or Medicaid/Kid’s Connection</td>
<td>Obtained full coverage</td>
<td>Obtained most coverage</td>
<td>Seeking</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Dental</td>
<td>To obtain dental exam and/or follow-up for children</td>
<td>Needs Met</td>
<td>In process of completing</td>
<td>Appt’s Made</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Physical</td>
<td>To obtain physical exam and/or follow-up for children</td>
<td>Needs Met</td>
<td>In process of completing</td>
<td>Appt’s Made</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Mental Health (Children)</td>
<td>To obtain needed services and stabilize the mental illness/symptoms</td>
<td>Symptoms Stabilized</td>
<td>Improvement</td>
<td>Obtained Services</td>
<td>No change</td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH CARE

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp Y/N</th>
<th>Entire Yr Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FSW OUTCOMES FOR FAMILY GOALS

**School Year:** _____________________  **FSW:** ________________________________  **Center:** __________

### HOUSING

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
<td>Public Housing</td>
<td>To obtain public housing that is safe, clean, and has adequate space</td>
<td>Obtained &amp; Affordable</td>
<td>Obtained, but needs improvement</td>
<td>Seeking</td>
<td></td>
<td>No change</td>
</tr>
<tr>
<td>L</td>
<td>Rental Property</td>
<td>To obtain rental property that is safe, clean, affordable, and has adequate space (sleeping space separate from living area for all family members; children’s sleeping space separate from parent/guardian)</td>
<td>Obtained &amp; Affordable</td>
<td>Obtained, but needs improvement</td>
<td>Seeking</td>
<td></td>
<td>No change</td>
</tr>
<tr>
<td>M</td>
<td>Home Ownership</td>
<td>To purchase permanent housing that is safe, clean, affordable, and has adequate space</td>
<td>Obtained &amp; Affordable</td>
<td>Obtained, but needs improvement</td>
<td>Seeking</td>
<td></td>
<td>No change</td>
</tr>
</tbody>
</table>

### HOUSING

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44
<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Career Goal</td>
<td>To identify a career goal for employment and the steps needed to pursue career goal</td>
<td>1</td>
<td>Career Goal Identified/Working toward goal</td>
<td>Taken steps to gather information regarding interests</td>
<td>Interested/Taken only minimal steps</td>
<td>No change</td>
</tr>
<tr>
<td>O</td>
<td>Vocational Training/Education (College)</td>
<td>To demonstrate the technical or vocational skills for obtaining permanent employment by attending/graduating from an educational/vocational program</td>
<td>1</td>
<td>Graduated</td>
<td>Attending with Passing Grades</td>
<td>Began Attending Classes</td>
<td>Not Yet Enrolled</td>
</tr>
<tr>
<td>P</td>
<td>*GED Level of Knowledge and Skills</td>
<td>To obtain GED level of knowledge/literacy skills equivalent to a high school diploma</td>
<td>1</td>
<td>Obtained a GED</td>
<td>Attending with Passing Grades</td>
<td>Began Attending Classes</td>
<td>Not Yet Enrolled</td>
</tr>
<tr>
<td>Q</td>
<td>English as a Second Language</td>
<td>To understand and speak the English language at a competency level for communicating basic needs and for employment</td>
<td>1</td>
<td>Competency Skill Level Achieved</td>
<td>Improved Skills</td>
<td>Began Attending Classes</td>
<td>Not Yet Enrolled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
</table>
## FSW OUTCOMES FROM FAMILY GOALS

School Year: ____________________          FSW: ____________________________________          Center: ____________________

### NUTRITION

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Balanced Meals</td>
<td>To serve balanced, nutritious meals by incorporating all food groups consistently</td>
<td></td>
<td>Regularly Serving Balanced Meals</td>
<td>Acquiring Knowledge and Serving Balanced Meals More than 50% of the time</td>
<td>Acquiring Knowledge</td>
<td>No change</td>
</tr>
</tbody>
</table>

### NUTRITION

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FSW OUTCOMES FOR FAMILY GOALS

**School Year:** _______________  **FSW:** ____________________________  **Center:** _______________

### FAMILY RELATIONS AND PARENTING SKILLS

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Discipline</td>
<td>To identify at least three inappropriate behaviors and teach/enforce age-appropriate consequences for each</td>
<td>Consistently Enforced</td>
<td>Consequences Enforced Most of the Time</td>
<td>Improvement for One Behavior</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>*Serving on a Head Start Parent Committee, Policy Council, or Health Advisory Committee</td>
<td>To be involved by serving on the committee or board and influencing decisions on funding and use of resources</td>
<td>Consistent Attendance; Active Role</td>
<td>Mostly Regular Attendance (More than 50% of the time)</td>
<td>Minimal Attendance</td>
<td>Not Attending</td>
<td></td>
</tr>
<tr>
<td>U</td>
<td>Family or Life Transition</td>
<td>To improve skills and level of functioning in coping with and adjusting to a changing family or life situation - marriage, addition of family member, separation, divorce, illness, or death</td>
<td>Demonstrates Skills</td>
<td>Demonstrates Most Skills</td>
<td>Demonstrates Some Improvement</td>
<td>No change</td>
<td></td>
</tr>
</tbody>
</table>

### FAMILY RELATIONS/PARENTING SKILLS

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp?</th>
<th>Entire Yr?</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
</table>
### INCOME/BUDGET

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>Implementation of a Budget/Budgeting Process</td>
<td>To implement a budgeting process that allows for savings on a regular basis so that a target $ amount of savings is reached.</td>
<td>Implemented and Target Amount Reached</td>
<td>Implementing and Working Toward Target Amount</td>
<td>Seeking Knowledge of Process</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Reduce (pay down) Current Debt</td>
<td>To reduce the amount of current debt in order to begin implementation of a budgeting/savings process</td>
<td>Implemented and Target Amount Reached</td>
<td>Implementing and Working Toward Target Amount</td>
<td>Seeking Knowledge of Process</td>
<td>No change</td>
<td></td>
</tr>
</tbody>
</table>

### INCOME/BUDGET

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
</table>
## FSW OUTCOMES FOR FAMILY GOALS

**School Year:** ___________________  **FSW:** ___________________  **Center:** ___________________

### CRISIS PROBLEMS

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Food</td>
<td>To obtain needed food during a crisis which has threatened the most basic subsistence for daily living</td>
<td></td>
<td>Crisis Stabilized</td>
<td>Improvement</td>
<td>Obtained Help</td>
<td>No change</td>
</tr>
<tr>
<td>Y</td>
<td>Clothing</td>
<td>To obtain needed clothing during a crisis which has threatened the most basic subsistence for daily living</td>
<td></td>
<td>Crisis Stabilized</td>
<td>Improvement</td>
<td>Obtained Help</td>
<td>No change</td>
</tr>
<tr>
<td>Z</td>
<td>Fuel/Utilities</td>
<td>To obtain needed fuel/utilities during a crisis which has threatened the most basic subsistence for daily living</td>
<td></td>
<td>Crisis Stabilized</td>
<td>Improvement</td>
<td>Obtained Help</td>
<td>No change</td>
</tr>
<tr>
<td>AA</td>
<td>Medical Care</td>
<td>To obtain needed health care during a crisis which has threatened the most basic subsistence for daily living</td>
<td></td>
<td>Crisis Stabilized</td>
<td>Improvement</td>
<td>Obtained Help</td>
<td>No change</td>
</tr>
</tbody>
</table>

### CRISIS PROBLEMS

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FSW OUTCOMES FOR FAMILY GOALS

School Year: ____________________________  FSW: _______________________________  Center: ________________

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Needs Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB</td>
<td>Transition to Kindergarten</td>
<td>To complete the required paperwork/registration process for Kindergarten</td>
<td></td>
<td>Process Complete</td>
<td>Process Partially Complete</td>
<td>Process Started</td>
<td>Process Not Started</td>
</tr>
</tbody>
</table>

## CHILDREN’S EDUCATION

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
</table>
## FSW OUTCOMES FOR FAMILY GOALS

School Year: ___________________          FSW: ________________________________          Center: ____________________________

### ALCOHOL/DRUG USE PROBLEMS

<table>
<thead>
<tr>
<th>Letter</th>
<th>Problem/ Need Areas</th>
<th>Outcome Goals</th>
<th># of Goals</th>
<th>Major</th>
<th>Moderate</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC</td>
<td>Alcohol Use</td>
<td>To obtain help from AA for alcoholism.</td>
<td>Process Complete</td>
<td>Process Partially Complete</td>
<td>Process Started</td>
<td>Process Not Started</td>
<td></td>
</tr>
<tr>
<td>DD</td>
<td>Smoking</td>
<td>To quite smoking.</td>
<td>Process Complete</td>
<td>Process Partially Complete</td>
<td>Process Started</td>
<td>Process Complete</td>
<td></td>
</tr>
</tbody>
</table>

### ALCOHOL/DRUG USE PROBLEMS

<table>
<thead>
<tr>
<th>Letter from Above</th>
<th>Child Name (First and Last)</th>
<th>Goal</th>
<th># of Steps</th>
<th># of Steps Comp.</th>
<th>Goal Comp? Y/N</th>
<th>Entire Yr? Y/N</th>
<th>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter from Above</td>
<td>Child Name (First and Last)</td>
<td>Goal</td>
<td># of Steps</td>
<td># of Steps Comp.</td>
<td>Goal Comp? Y/N</td>
<td>Entire Yr? Y/N</td>
<td>Comments (Indicate if it is the 1st or 2nd goal; if the family started late or dropped, etc.)</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td>------</td>
<td>------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of Form: FSW OUTCOMES FOR FAMILY GOALS

Purpose: To document outcomes for the goals set by the FSW and the families. 
To document and track the target program outcomes.

Instructions: On all goals under comments put date goal set; date goal completed or discontinued.

Use tally marks in pencil when filling in the completed number of steps. 
This will then be an on-going tally until completed or discontinued.

Determine the appropriate category for each family goal. Document each goal on one of the following sheets: Transportation; Family Relations and Parenting Skills; Children’s Education; Adult Education/Career Development; Income/Budget; Employment; Health Care; Employment; Nutrition; Housing; Alcohol/Drug Use or Crisis Problems.

More than one goal and more than one family will be recorded on the outcomes forms.

For the bottom portion of the form: If the documented family goal is included in the top portion of the form, indicate the corresponding number of the goal. Document the child’s first and last name. Document the goal in its entirety - just as it is written on the Family Development Plan. Document the number of steps in the goal and the actual number of steps the family completed out of the steps set up. Document “Yes” or “No” if the goal was complete. Document whether or not the family was enrolled for the entire school year. Under the comments add the date the goal was started and the date the goal ended. In addition, indicate if the goal was the first one set, the second one set, and so on. Also, add any comments on why the goal was not completed or any issues that made it difficult for the family to work on their goal. Use additional sheets as necessary.

For the top portion of the form: In the “# of Goals” column, indicate the number of families in your caseload that had each numbered goal. In the “Major”, “Moderate”, “Some”, and “None” columns, indicate the number of goals that met the criteria for the year. The total number of documented goals in each of those four columns must equal the total number documented in the “# of Goals” column. This portion of the form should be filled out at the end of the school year, and counting only families enrolled for the entire school year.

Completed By: FSW
Date Due: Dec (before Holiday break) & with end of year checklist
Send To: Family Service Specialist (Copy (before Holiday break)/Original end of year)
Filed At: Central Office
Revised: 6/12
Instructions to entering contact notes in ChildPlus:

1. Highlight child name in list
2. Under Services-go to Family Service Events
3. Add event
4. Put date of contact in the “Initial Date” box
5. Choose Routine Contact in “Event Type” box
6. Put **Goal Related** under Description only if contact is related to goal.
7. Choose Family Service Worker under “Service Area”
8. Choose Event/Issue that best describes contact under “Issue”.
9. Choose your name under “Agency Worker”
10. Type in who the contact was made with under “Family Member”
11. Under Event Notes-push the clock and then enter your contact information.
Name of Form: FAMILY CONTACT LOG

Purpose: To document contacts with families, particularly those contacts dealing with the Family Partnership Agreement Process.

Instructions: Every enrolled family must have a Family Contact Log. This form is completed by the FSW daily, weekly, monthly (as contacts occur with the family).

Make a new entry for each contact made. Area Manager will review contacts on ChildPlus. They will clock the time and day they review the notes.

At end of the year, FSW will print off contacts using the 4110 report.

At least two contacts/actions must be made per month. At least one of these monthly contacts/actions must relate to a family goal documented on the Family Development Plan. Other contacts should relate to information dealing with family events. Absences or attendance for events does not count as a contact.

Completed By: FSW

Date Due: As contacts are made with family

Send To: -------

Filed At: Report 4410 for Contact logs in the Child File at end of the year

Revised: 6/2012
### Monthly Referral Report

<table>
<thead>
<tr>
<th>Child Name/ Family Name</th>
<th>Date Referral made to family from FSW</th>
<th>Agency/Entity referral was made to</th>
<th>Referral Code(s) (see below)</th>
<th>Date family communicated to FSW they received services or not</th>
<th>Did the family receive services? Yes= Y No= N</th>
<th>Date Goal Written (If Applicable)</th>
<th>Did family meet the goal? Yes= Y No= N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Carried over from last month:

<table>
<thead>
<tr>
<th>Referral Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE - Adult Education/Job Training</td>
</tr>
<tr>
<td>BG - Budget</td>
</tr>
<tr>
<td>CA - Child Abuse</td>
</tr>
<tr>
<td>CC - Child Care</td>
</tr>
<tr>
<td>CE - Children’s Ed</td>
</tr>
<tr>
<td>CSA - Child Support Assistance</td>
</tr>
<tr>
<td>CL - Clothing</td>
</tr>
<tr>
<td>DN - Dental</td>
</tr>
<tr>
<td>DV - Domestic Violence</td>
</tr>
<tr>
<td>EM - Employment</td>
</tr>
<tr>
<td>ESL - English as a Second Lang</td>
</tr>
<tr>
<td>FD - Food</td>
</tr>
<tr>
<td>HL - Health</td>
</tr>
<tr>
<td>HO - Housing</td>
</tr>
<tr>
<td>IC - Incarceration</td>
</tr>
<tr>
<td>LG - Legal</td>
</tr>
<tr>
<td>LI - Literacy</td>
</tr>
<tr>
<td>ME - Marriage Ed</td>
</tr>
<tr>
<td>MH - Mental Health</td>
</tr>
<tr>
<td>PE - Parenting Ed</td>
</tr>
<tr>
<td>SA - Substance Abuse</td>
</tr>
<tr>
<td>TS - Transportation</td>
</tr>
<tr>
<td>OT - Other</td>
</tr>
</tbody>
</table>
### Referral Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE</td>
<td>Adult Education/Job Training: Any action taken regarding any type of information, education, and/or assistance provided to any individual family for adult education and/or job training. Examples may include: information/education on job interviewing skills, college classes and/or referrals to Voc Rehab, DHHS, GED classes, Citizenship classes, local Extension Agencies, Planning Region Teams, local churches or community groups providing special interest classes and/or information. <strong>This does not include ESL classes.</strong></td>
</tr>
<tr>
<td>BG</td>
<td>Budget: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for budgeting issues. Examples may include information/education given to an individual family about budgeting money and/or referrals made to entities that provide budgeting education or consumer credit counseling.</td>
</tr>
<tr>
<td>CA</td>
<td>Child Abuse and Neglect: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for child abuse or neglect issues. Examples may include: information/education given to an individual family regarding child abuse/neglect information and/or referrals to local law enforcement, DHHS - CPS, local churches or community groups that provide information and/or assistance, local counselors.</td>
</tr>
<tr>
<td>CC</td>
<td>Child Care: Any action taken regarding any type of information, education and/or assistance provided to an individual family for child care issues. Examples may include: child care licensing information, information about or referrals to community child care providers, and/or child care subsidy information.</td>
</tr>
<tr>
<td>CE</td>
<td>Children’s Education: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for children’s education issues. Examples may include: information about or referrals to local school districts for special services and/or enrollment information, school board information, local tutors, local churches or community groups that provide school supplies, any type of transition activities, IFSP/IEP, etc.</td>
</tr>
<tr>
<td>CSA</td>
<td>Child Support Assistance: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for child support issues. Examples may include: information regarding state child care support laws and/or referrals to local law enforcement, county or district court personnel, DHHS, local attorneys (for child support assistance issues).</td>
</tr>
<tr>
<td>CL</td>
<td>Clothing: Any action taken regarding any type of information, education and/or assistance provided to an individual family for clothing issues. Examples may include: information about or referrals to local churches, the Salvation Army, the Red Cross, etc.</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence: Any action taken for any type of information, education, and/or assistance provided to an individual family for domestic violence issues. Examples may include: education/information given to an individual family regarding the signs or effects of domestic violence and/or referrals to local law enforcement, local shelters, Haven House, DHHS, local churches or community groups that provide information and/or assistance, local attorneys (for domestic violence issues).</td>
</tr>
<tr>
<td>EM</td>
<td>Employment: Any action taken for any type of information, education, and/or assistance provided to an individual family for employment issues. Examples may include: copies of newspaper/job ads, referrals to local employers, unemployment services, etc.</td>
</tr>
</tbody>
</table>
ESL = English as a Second Language: Use this category when a referral is made for any type of ESL assistance.

FD = Food: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for food issues. Examples may include: information/education about nutritious meals/snacks, recipes, etc. and/or referrals to local food pantries, food banks, special “holiday” food programs (baskets), DHHS for Food Stamps, etc.

HL = Health: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for health/dental related issues. Examples may include: information/education regarding preventative health practices, immunizations, a “medical home”, dental concerns, healthy lifestyles, communicable conditions, specific illnesses, prescription drug assistance, etc. and/or referrals to local doctors/dentists, local immunization clinics, the local WIC program, local eye doctors and/or hearing specialists, etc.

HO = Housing: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for housing related issues. Examples may include: information/education on owning your own home, energy assistance, etc. and/or referrals to GHCA Weatherization, HUD, local housing authorities, DHHS for rental/deposit assistance, GHCA Family Services for rental/deposit assistance, entities for heating assistance, local churches or community groups for furniture, individuals with available properties, local attorneys (for housing issues), local banks and financial institutions that provide first time buyer benefits, and/or subsidies, utilities, or repairs.

IC = Assistance to families of Incarcerated Individuals: Any action taken regarding any type of information, education, and/or assistance provided to a family of an incarcerated individuals. Count all referrals made for any family with an incarcerated individual in this category. Other specific examples may include: local law enforcement, local attorneys, local churches or community groups that provide information and/or assistance.

LG = Legal: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for legal issues, other than child support enforcement issues. Examples may include: information on obtaining citizenship status, information about determining paternity status, and/or referrals for legal issues (civil and/or criminal), including referrals to Legal Aid.

LI = Literacy: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for literacy issues. Examples may include: information about and/or referrals to local libraries, local school districts for reading programs, local churches or community groups for literacy related events, etc.

ME = Marriage Education: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for marriage education and/or when a referral is made to a specific entity providing structured marriage education classes. Examples may include: local churches or community groups that provide specific classes, local counselors, etc.
**MH** = Mental Health/Counseling/Treatment: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for mental health counseling and/or treatment issues. Examples may include: information about or referrals to local churches or community groups that provide specific information or services, community counselors or mental health providers, local school districts for child behavior issues, workplace EAP’s, etc.

**PE** = Parenting Education: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for parent education issues. Use this category when education/information is provide and/or a referral is made to a specific entity providing structured parent education classes. Examples may include: information about and/or referrals to local churches or community groups that provide specific classes, local Extension Agencies, Planning Region Teams, local school districts, local clinics and/or hospitals, Prevention Pathways.

**SA** = Substance Abuse: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for substance abuse issues. Examples may include: information about or referrals to local clinics and/or hospitals, local substance abuse counselors, local treatment centers, Alcoholics Anonymous, Narcotics Anonymous, Prevention Pathways, local law enforcement, local churches or community groups that provide information and/or treatment, etc.

**TS** = Transportation: Any action taken regarding any type of information, education, and/or assistance provided to an individual family for transportation issues. Examples may include: information about or referrals to local mechanics for repairs, local churches or community groups for gas, repairs, etc., GHCA Family Services for car seats, public transportation, individuals who provide transportation services, DHHS, subsidized public transportation, driving parents to Policy Council, appointments, etc.
Name of Form: MONTHLY REFERRAL REPORT

Purpose: To document referrals made to families.

Instructions: Head Start FSW completes the form monthly and sends it to the FSS with the end of the month packet. Your Area Manager will check the form monthly.

Document the center name, FSW name, and month for which the form is being completed.

Child Name/Family Name: Include the child’s first and last name and parents first and last name.

Date Referral made: Document the date the referral was made.

Agency/Entity: Document the actual name of the agency, entity, and/or individual to which the referral was made.

Referral Code(s): Document one or more “referral” code that best describes the category of the action taken.

Result of referral date: Document the date you received information from the family about the referral you made.

Did the family received services: Indicate whether or not the family received services as a result of the referral. Do not complete until referral is closed.

Date Goal Written: Document the date that a goal was written reflecting the referral, if applicable.

Did family meet the Goal: Document whether the goal was met or not-if applicable.

Carried Over: Include any incomplete referrals from the last month in this section.

Completed By: FSW

Date Due: Monthly

Send To: FSS

Filed At: Family Service Worker Notebook

Revised: 6/11
Please complete this form when referring a family to another agency program. Send original copy to program and keep the duplicate copy for your records. When referral is complete, the original should be returned to you.

CLIENT NAME ________________________________ CHILD NAME __________________
ADDRESS ____________________________________________________________________
CITY _________________________ STATE _________________ ZIP ___________________
HOME PHONE ____________________________ MESSAGE PHONE __________________
BEST TIME TO CONTACT INDIVIDUAL _________________________________________
REFERRED FROM _________________________________ TO ________________________
STAFF NAME/LOCATION ____________________________________ DATE ____________
COMMENTS __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

COMPLETE THIS SECTION AND RETURN TO THE PROGRAM REFERRED ABOVE NAMED INDIVIDUAL TO YOU.

RECEIVED BY _____________________________________ DATE ____________________
DATE CONTACT MADE WITH INDIVIDUAL _____________________________________
COMMENTS __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

61
Name of Form: NORTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP REFERRAL FORM

Purpose: To document a Head Start referral to another NENCAP program.

Instructions: Head Start FSW fills out top portion of form as specifically as possible, making sure all information is current and complete. The original is sent to the central office.

The central office will forward the referral to the appropriate NENCAP program.

Program staff will complete the bottom portion of the form according to program procedure and will return it to the Head Start central office upon completion.

The central office will return the referral to the Head Start FSW.

Do not use this form for referrals to the WIC and Immunization programs.

Completed By: FSW

Date Due: As needed

Send To: NENCAP Program

Filed At: Child’s file at end of school year

Revised: 6/12
<table>
<thead>
<tr>
<th>CHILD NAME</th>
<th>PARENT/GUARDIAN</th>
<th>ORIENT. DATE</th>
<th>60 Day Deadline</th>
<th>1ST HV DATE</th>
<th>2ND HV DATE</th>
<th>DATE/REASON (CODE) ATTEMPTED FAMILY VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODE:** R=Refused  C=Cancelled  RS=Rescheduled  NH=No one at home  H=Health  O=Other
Purpose: To document family visits made by FSW’s.

Instructions: Each FSW must complete this form for all families enrolled during the course of the school year.

- Child Name - Name of Child
- Parent/Guardian - Name of parents/guardians
- Orientation - Date of Orientation
- 60 Day Deadline- Date for the child’s 60th day
- 1st Home Visit - Date of first family visit
- 2nd Home Visit - Date of second family visit
- Date and reason for attempted family visits - Document the date any attempts were made for family visit and use code to determine why the family visit didn’t occur.

Note: All Family Visits must be documented on the Family Contact Log in ChildPlus and state who was present at the visit.

Completed By: FSW

Date Due: 60 Day, April 1st

Send To: Central Office at end of year

Filed At: Family Service Worker Notebook

Revised: 6/11
PIR

1. FAMILY SERVICES
2. HEALTH
3. MENTAL HEALTH

Did the child receive medical treatment for:

- Depression
- Hearing Problems
- Vision Problems
- Asthma
- Diabetes
- High Lead Level

How should question C.8 (at Enrollment) be calculated? If the participant is counted for question C.8 (at End of Enrollment), how should question C.8 be calculated?

- Let ChildPlus.net calculate answer using Health Events

Did a Mental Health professional:

- Consult with program staff about the child’s behavior/mental health
- Provide 3 or more consultations with staff during program years
- Consult with parent/guardian about the child’s behavior/mental health
- Provide 3 or more consultations with parent/guardian during program year
- Provide an individual mental health assessment
- Facilitate a referral for mental health services

Mental Health Referrals:

- Was the child referred for services outside the program during the year
- If so, did the child receive mental health services during the program year
Name of Form: PIR ENTRY INTO CHILDPPLUS

Purpose: To collect information for completing the PIR.

Instructions: PIR information will be changed in ChildPlus (PIR section) as changes occur; minimum of one time a month. Remember that if you do a change of status, it will more than likely affect a question in PIR. Also, after home visits, most questions are in the FPA and should be compared to answers on PIR and changed if needed.

Family Services: Answer all questions in this section as they change throughout the year; checking at least monthly.

Health: Answer all questions in this section as they change throughout the year; checking at least monthly.

On-going medical & dental care at enrollment should match the date physical and dental were completed. If it was before 1st day of school or after 1st day of school for “at enrollment” and if physical and dental expired before last day of school or not under “at end of enrollment.”

Does the child receive Preventative Dental Care should always be ‘Yes’ because they brush their teeth daily in school and receive education on taking care of their teeth. Only children who are Native American can receive care through Indian Health Services (Carl T. Curtiss, Winnebago, etc.). An example of a migrant community health center would be One World in Omaha.

“Treatment” refers to if there was treatment by a doctor during the year the answer would be ‘Yes’. Anemia is low hemoglobin.

Mental Health: Consult with classroom teacher to complete this portion. Regarding this child, did a mental health professional (other than the first 45 day observation) work with them? Remember when reading each question to add “Did a work with them?” Remember when reading each question to add “Did a Mental health Professional” in front of each sentence for the first six questions.

Completed By: FSW-ongoing throughout the school year - as it occurs/at least 1x monthly
Date Due: End of the year-Turn in two weeks prior to last day of school.
Send To: Central Office
Filed At: ChildPlus
Revised: 6/12
FAMILY SERVICE ADVOCATE MEETING REPORT

Date: _______________  Location: _______________________________________

Time: _______________  _____ Face to Face  _____ Telephone  _____ E-Mail

Present: ________________________________________________________________

_______________________________________________________________________

Absent: __________________________________________________________________

The following topics must be discussed and documented at each meeting:

1. Upcoming Events/Training:

2. Available Resources (through the community or through your programs):

3. Community Issues (lay offs; health concerns):
4. Questions/Concerns:

5. Other:

At this time, the meeting is over for any individual attending the meeting, that does not have mutual clients.

Mutual Clients/Clients goals & progress:

Copy sent to:  ☐ FS Director
            ☐ Family Service Specialist  ☐ Health Services Director
Name of Form: FAMILY SERVICE ADVOCATE MEETING REPORT

Purpose: To document monthly meetings/contacts between Head Start Family Service Workers, Health Service Home Visitors, and agency Family Service Coordinators.

Instructions: Guidelines for meetings:
1. NENCAP Family Service Coordinators, NENCAP Health Service Home Visitors, and Head Start FSW’s will have their first meeting of the school year within the 1st 45 days of school. At the first meeting the meeting date, time, site, recorder, and type of meeting will be determined for the entire year. This form (pg 72) will be sent along with minutes to all staff indicated on the meeting minutes report.
2. NENCAP Family Service Coordinators, NENCAP Health Service Home Visitors, and Head Start FSW’s are required to meet face to face every other month to discuss resources, mutual clients and other important issues. Telephone/E-mail contacts may be counted as meetings every other month, as long as proper documentation is maintained. This meeting/contact will occur regardless of any shared clients between the two programs. All topic areas on the form must be covered at each meeting.
   Mutual clients will be discussed last, so any individual that attended the meeting that does not have mutual clients with anyone can leave.
3. Meeting area will rotate when meeting face-to-face. (Indicated on form-pg 72)
4. If you are unable to attend, comments/additions must be sent by e-mail prior to meeting to the person that is the minute’s recorder that month.
5. Stick to facts and do not use names in minutes. Initials are ok. If two of the three entities (Family Services, Health Services, Head Start) have mutual clients, goals should be worked on together to lessen the paperwork for the family.
6. Designated minute’s recorder will be responsible for leading the meeting as the facilitator and sending out the minutes from each meeting. This role should be rotated every month. Health Services Director, Family Service Specialist, and Family Service Program Director will review minutes and relay any information needed to other support staff.

Completed By: FSW; Agency Family Service Coordinator, Health Service Home Visitors

Date Due: Monthly

Send To: Family Service Program Director, Family Service Specialist, Health Service Director.

Filed At: Copy in Family Service Worker Notebook.

Revised: 6/12
<table>
<thead>
<tr>
<th>MONTH OF MEETING</th>
<th>DATE &amp; TIME OF MEETING</th>
<th>LOCATION OF MEETING</th>
<th>RECORDER FOR MEETING</th>
<th>CENTER OR E-MAIL MEETING</th>
<th>NOTES/OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTEMBER 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCTOBER 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOVEMBER 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DECEMBER 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANUARY 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEBRUARY 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARCH 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRIL 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAY 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIST MEMBERS OF GROUP: ________________________________
Family Service Worker/ Family Service Coordinator/Health Service Home Visitor Groups

Dakota & Thurston Counties
Becky Gomez-FSC
Siouxland Family Center FSW
South Sioux City-Dakota Avenue FSW
Walthill Head Start FSW
Karissa Hays-OGS

Cuming, Burt, Dodge, & Washington Counties
Margaret Urbanec-FSC (Cuming & Burt)
Diana Carnahan-FSC (Dodge & Washington)
Oakland-Craig FSW
West Point FSW
Wisner FSW
Blair FSW
Paula Peterson

Dixon, Wayne, Cedar Counties
Monica White-FSC
Wayne FSW
Karissa Hays-OGS

Antelope, Knox, & Pierce Counties
Lynn Sund-FSC
Children’s World FSW
Niobrara FSW
Brooke Bouck-OBB

Madison & Stanton Counties
Dawn Dozler-FSC
Norfolk (All three) FSW’s
Newman Grove FSW
Stanton FSW
Madison FSW
Brooke Bouck-OBB
CONTACT INFORMATION

HEALTH SERVICES:
Paula Peterson, OGS Health Educator
402-385-6300 ext. #223
ppeterson@nencap.org

Karissa Hays, OGS Home Visitor
402-385-6300 ext. 293
khays@nencap.org

Brooke Bouck, OBB Family Service Worker
402-385-6300 ext 280
bbouck@nencap.org

FAMILY SERVICE COORDINATORS:
Lynn Sund, FSC @ Creighton
(402)358-5297
crehs@gpcom.net

Monica White, FSC @ Pender
(402)385-6300
mwhite@nencap.org

Dawn Dozler, FSC @ Norfolk
(402)371-0377
norfs@qwestoffice.net

Becky Gomez, FSC @ South Sioux City
(402) 494-8312
sscfs@qwestoffice.net

Margaret Urbanec, FSC @ Pender
(402)385-6300 ext.213
murbanec@nencap.org

Diana Carhahan, FSC @ Fremont
(402) 721-0619
frefsc@omni-tech.net

HEAD START FAMILY SERVICE WORKERS:
Brenda Fraser-Blair
402-426-8821
blairhs2@huntel.net

Toni Peters- Children’s World-Pierce
402-329-4306/402-750-8085 cell
childrensworld@ptcnet.net

Maria Aguilar-Madison
402-454-2872
madifsw@cableone.net

Kathi McIntyre-Newman Grove
402-447-6051
km McIntyre@esu8.org

Stephanie Moody-Niobrara
402-857-3375
smoody@esu1.org

Jennifer Davey-Niobrara
402-857-3375
j davey@esu1.org

Angel Ausdemore-Norfolk
Myrian Juarez-Norfolk
Toni Peters-Norfolk
402-371-8030
norhs3@qwestoffice.net (Angel)
norfsw3@qwestoffice.net (Myrian)

Tammy Morpew-Oakland-Craig
402-685-5056
t morphew@esu2.org

Sandra Curiel-SSC
402-494-6755
ssch3@qwestoffice.net

Carina Iniguez-SSC
402-494-6755
ghhstart@qwestoffice.net

Dixie Appeldorn-Stanton
402-439-2255
stantonfsw@stanton.net

Erica Folkers -Walthill
402-846-5452
walthillfsw@abbnebraska.com

Shelli Arens-Wayne
402-375-2913
waynefsw@qwestoffice.net

Eunice Ramirez-West Point
402-372-2863
wpfsw@qwestoffice.net

Megan Runyon-Wisner
402-529-6465
FAMILY & COMMUNITY SERVICES

POLICIES AND PROCEDURES
GUIDELINES FOR PROVISION OF ASSISTANCE

1) Family Services may provide assistance to those eligible clients in emergency situations. NENCAP is not a 24/7 Emergency Shelter. Determination of assistance is totally dependent on availability of funds. All income is verified through paper documentation. If clients do not provide adequate documentation, a determination of their eligibility may not be possible. In order for a client to receive assistance they must go through the application process. (Reason why Family Services Coordinator asks for so much information is that we have to meet all requirements of funding sources and auditors)


4) Family Services does not pay rent/utilities/deposits for people who do not have a regular and continuing income, are not registered with an employment agency and/or have no plan to do so. (Continuing education is considered working towards a continuous income.)

5) Family Services may provide rent and/or utility assistance in the amount that is appropriate to the program at the time of application considering all requirements have been met.

6) The final determining factor in giving assistance, after basic minimum eligibility criteria are satisfied, is whether or not our provision of aid will genuinely assist the applicant over a crisis period, or whether we are merely buying 30 days more residency in a home, apt. etc where the client can not remain, or 30 days more of a utility when the utility company will eventually shut off the service.

7) Assistance will not be promised under any circumstances. Instruct all clientele to bring to the appointed time proper documentation. Clients are instructed that this is an application process and that the Corporate Family Services office in Pender determines approval/denial.

8) Family Services does not provide emergency assistance on an annual basis. Clients served in prior years will be considered on the same guidelines which clearly show current crisis or need. Chronic situations must be assessed according to individual/family emergency need. Willingness to work towards stability will be assessed at the time of request for assistance. If client refuses to work towards self sufficiency, assistance may be denied.
9) Emergency assistance will be given one time in a twelve month period through the EFSP, Peter Kiewit and NHAP Programs.

10) Family Services Food Pantries will provide three pantries per year to clients under emergency situations. After the third request for a food pantry clients must budget with Family Services Coordinator. An exception may be when clients are waiting to receive their food stamps. (NENCAP Food Pantries are located at: Norfolk, Creighton, Pender & South Sioux City). Referrals to area food pantys will be made when necessary.

11) Family Services does not pay rent on a home or apartment where people are paying greater than 30% of their income for rent or utilities, and have no prospects of increased income.

12) Family Services will not spend limited emergency assistance funds to assist clients who are able to house themselves, even if their living situation involves living with family, overcrowded or substandard conditions.

13) Family Services will not release assistance until the entire debt is accounted for. Verification of such may be a payment plan worked out with the vendor; assistance from family; or receives assistance from other resources. If the client owes a large amount and, 1) no other resources collaborate, 2) The vendor (bank, landlord, utility company) will not work with them, services will be denied.

14) For clients to receive utility or rent assistance the bill/lease must be in the client/s name or spouses (living in the home).

15) Clients must first explore the use of Federal entitlement and other mainstream benefit programs such as HUD assisted housing, SSI, food stamps, TANF, emergency assistance, energy assistance, etc. before committing limited emergency funds.

16) Family Services staff will assist clients through ACCESSNebraska computers when needed in applying for Federal entitlement and other mainstream benefit programs.

17) If a client has been sanctioned by DHHS for noncompliance with their programs client must provide verification and document to further explain the situation. It may be that we can work with the client and the case worker to get the sanction lifted.
18) Family Services will not assist with past due rent/utilities on a previous residence.

19) Family Services does not give direct payments to the client/s. Payments for rent, utilities, etc., are paid directly to the Vendor on the application.

20) Family Services will request documentation of citizenship/alien status. (Attestation form) Assistance to undocumented people will be in accordance with the funding regulations.
EMERGENCY ASSISTANCE COMPONENTS:

1) Verify economic situations of the person(s) requesting assistance. Client must provide proof of income through pay stubs, tax returns, notification letters, etc.

2) Verify emergency circumstance and confirm the source of income to be sure that the applicant will be paying next month’s rent, utilities, etc. **Look past the emotion of the applicant’s circumstance and assess the situation realistically.** Sensitivity to the problem is important while remaining objective and accountable for the decision made. Make appropriate referrals to either NENCAP Programs or area Service Agencies.

3) Provide rental or utility aid to a family in the amount that is appropriate to the case and program regulations at the time of application.

4) Complete application and scan to Family and Community Services Department in Pender. Appropriate documentation needs to be attached to the application, if it is not complete it only slows up the process for approval/denial. Do not send the application into the main office unless ALL documentation is provided.

Applications must contain the following and must be uploaded to Service Point:

- Application, with client and staff signatures
- Proof of ID, preferably with social security #’s
- Proof of verification of income
- Copy of lease or mortgage
- Landlord verification form and copy of W-9 if new
- Copy of disconnect along with history showing one month’s billing
- Copy of Attestation Form
- Copy of consent form signed by client
- Back up or proof of emergency situation

5) As part of receiving Emergency Solutions Grant funds (NHAP), clients must participate in case management services (Budgeting, Money Smart, RentWise, Advocacy). Have the client complete the Family Development Booklet, Family Development Profile and goal sheet to assess where the family’s strengths and weaknesses are. Build on their strengths. Set next appt. at that time.

6) Develop a personal budget with the client to provide an in-depth summary of total household income and expenses.
7) Other documentation may be requested depending on the situation. Verify sources that (i.e. began working at McDonalds on Monday - call and verify information needed on client).

8) Unfinished applications will be held on file for 30 days. After the 30 days all documentation will be considered null and void. Should the client come in for emergency assistance after the 30 days they will have to provide all current documentation.
RULES OF DOCUMENTATION

1) PROOF OF INCOME - Attach documents that offer proof of total household gross income from all sources. Complete proof of income is necessary in order to process an application.

**FIXED INCOME:**
This income may include: Social Security Benefits, Supplemental Security Income, Aid to Families w/Dependent Children or Veterans Assistance, Unemployment Insurance, pensions.

**WAGE EARNERS:**
Attach copies of your most recent check stubs or a copy of their federal income tax return.

**SELF-EMPLOYMENT/FARMERS:**
A copy of their most recent federal income tax return.

*TANF RECIPIENTS:*
Please bring your current DHS Notice

*Alimony or child support will also need to be verified.

2) PROOF OF RESIDENCE - One of the following: a) current lease, b) Current utility bill c) Mortgage information/stub d) current driver’s license.

3) PROOF OF FAMILY/HOUSEHOLD MEMBERS - Copy of federal income tax return would be the best identifier however informal verification will do.

4) OTHER DOCUMENTATION - May be requested depending on the situation. Verify sources that are identified in the assessment process. Have client sign a Release of Information in order to call for verification (i.e. began working at Pizza Hut on Monday - call and verify)

5) PROOF OF EMERGENCY -
**NHAP**, client must have eviction notice or a utility shut-off notice, proof of emergency need.

**EFSP**, client must be in arrears or payment due within 5 calendar days and prove emergency need for rent or utility assistance. Utility shut-off and /or copy of lease.

**Food Pantries**, Food pantries may be provided to income eligible person/s up to 3 times a year, however they must have an emergency need such as EBT card stolen or lost (documented through a police report); personal disaster such as fire, flood or other natural disaster; large unexpected medical bills or car repairs (documented with receipts); missed work because of illness (must be more than three days) and on an unpaid status at the time such emergency is needed. (i.e. loss of income - client must show proof of loss through pay stubs).
Reasons for applying for emergency assistance should be based on circumstances beyond the person's control. (i.e. Excessive reduction in income through no fault of their own, or excessive medical expenses, car repairs paid)

6) **VERIFY RESULTS** of contacts that the client had with other resources in seeking assistance.

7) **VERIFY U.S. CITIZENSHIP** All clients must sign the US Citizenship Attestation Form which complies with the Nebraska Statute 4-108 through 4-114 and attest that they are a citizen of the United States or a qualified alien.

8) **NO APPLICATION WILL BE PROCESSED** until all proper documentation is provided. After 30 days from the date of application, client still has not provided needed documentation, application will become null and void.

9) **IN ORDER FOR THE FISCAL DEPARTMENT** to pay a vendor the vendors name, address, phone # and tax I.D.# form must be on the application. Attach the W-9 form to all applications.

10) **Service Point Data Base System** must contain the following documentation. If not all in Service Point state otherwise in client file in order for the auditor to know where to look and view.

   - Application, with client and staff signatures
   - Proof of ID, preferably with social security #'s
   - Proof of verification of income
   - Copy of lease
   - Landlord verification form and copy of W-9 (if new)
   - Copy of disconnect along with history showing what one month’s billing
   - Copy of Attestation Form
   - Copy of consent form signed by client
   - Back up or proof of emergency situation
REASONS FOR DENIAL OF SERVICES

1. Over Federal Income Poverty guidelines of 125% or guidelines specified of program.
2. No eviction letter or utility shut off notice (NHAP) or not due within 5 days (EFSP).
3. Expenses exceed household income or rent is more than 30% of their income.
4. Poor payment history or have not made a good faith effort to pay on bill/s.
5. Client/s has received assistance within the past twelve months.
6. Funding source depleted.
7. No income into household or no prospect for income.
8. Refusal to apply for mainstream resources. (Federal Entitlement Programs- TANF Food Stamps, Crisis Asst., Energy Assistance, etc.)
9. Other able bodied adult members of the household not contributing financially toward household expenses.
10. Clients/Vendors not providing needed documentation.
11. Denial for food pantry assistance- Client would not budget with F S Coordinator after third food pantry or have no emergency to household.
12. Living with friends, family or living in substandard housing does not qualify as being homeless.
13. Requesting emergency utility assistance on a previous residence
14. Request emergency assistance for a non emergency situation. (Things that are related to every day living and which you know you have to pay) Ex. Client paid car insurance so is not able to pay rent; vehicle had to have oil change; went on vacation and now cannot pay for rent
15. Client situation being chronic and not willing to work towards stability.
16. Client not having a regular or continued income and not willing to register with employment services.
17. Assistance to client would not guarantee another 30 days of service. (EFSP/NHAP Regulation)
18. Landlord would not sign off to accept NENCAP funding or would not provide needed tax identification number and/or social security number.
19. Client not able to maintain living expenses after initial assistance from NENCAP. (We feel that we are setting the client up to fail)
20. No documentation of citizenship/alien status (will not serve undocumented persons).
21. No copy of signed lease between landlord and tenant.
FOOD PANTRY GUIDELINES

Northeast Nebraska Community Action Partnership, Inc., operates food pantries through Family Services offices in Creighton, Norfolk, Pender and South Sioux City. Donated food is received from private and community sources. Food and commodity foods are purchased through the Food Bank of the Heartland and Food Bank of Siouxland, Inc. Family Service Coordinators are responsible for distribution of the donated foods and commodities according to the following guidelines.

1. Food pantries may be provided to income eligible person/s up to 3 times a year, however they must have an emergency need such as EBT card stolen or lost (documented through a police report); personal disaster such as fire, flood or other natural disaster; large unexpected medical bills or car repairs (documented with paid receipts); missed work because of illness (must be more than three days) and on an unpaid status at the time. If in question contact the Family Services Asst. Director. Those clients that do not live in or close to the vicinity NENCAP Food Pantries are referred to other area food pantries however clients will not be refused service if there is a emergency need. Clients must budget with Family Services Coordinator after request for third pantry.

2. Clients receiving food pantries may also receive commodity foods. In distributing commodity foods follow Emergency Food Assistance Program guidelines according to family size and quantity of product. Client/s receiving commodity foods through the CSFP program for the elderly, children to age six, pregnant or postpartum mothers **may not** receive food pantry commodities for the person on the program. The guidelines are the same for those clients receiving WIC. (i.e. Family of six with baby on WIC and two children on CSFP, can only receive food pantry for three) *Commodity forms will change periodically as new year begins or income guidelines change.

3. Food pantry assistance must be at least 30 days apart unless there are extenuating circumstances. i.e. processing of Food Stamp application taking up to 45 days.

4. Follow Federal Poverty Income Guidelines of 125%.

5. Family Services will request documentation of citizenship/alien status and will not serve undocumented persons.
Eligibility Guidelines and Intake Procedures:
1. Proof of income, I.D. & preferably copy of SS# and copy of drivers license Scan to in SP
2. Application, Basic Intake Form and consents
3. Proof of emergency - scan to SP
4. For data collection use Service Point Element Codes provided below, specific to activity
5. Enter services into Service Point

Taxonomy Codes for Activity:

Food Pantries
Taxonomy code       BD-1800.2000
EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)

Emergency Food and Shelter Program is a needs based program, for which clients must qualify. Below are guidelines for the EFSP Program.

**Rent/Mortgage Assistance/First Month’s rent:** Taxonomy Code: BH-3800.5000

( Spending cap of $125.00 )

Limited emergency rent, mortgage assistance or first months rent for individuals/families provided the following conditions are met.

- a. Payment is in arrears or due within 5 calendar days;
- b. All other resources have been exhausted;
- c. Client must be a resident of the home and responsible for the rent/mortg.
- d. Payment is limited to one month’s cost.
- e. Assistance is provided only once in an award phase for individuals/families.
- f. Payment must guarantee an additional 30 days of service.

**Note:** Late fees, legal fees, deposits and condo fees are ineligible.

**Note:** Payments for trailers and lots are eligible and can be paid to a mortgage co. or to a private landlord.

**Documentation required:** dated and signed letters from landlords (must include amount of one month’s rent and due date) mortgage letters and/or copy of loan coupon showing monthly mortgage amount and date. Must have copy of signed lease between client and landlord.

---

**Utility Assistance:** Taxonomy code: BV-8900.9300

( Spending cap of $75.00 )

Limited metered utility assistance (includes gas, electricity, water and sewer service) for individuals/families. The client must be 1) a resident of the home or apartment and 2) is responsible for the utility on the home or apartment where utility assistance is to be paid provided conditions “a” through “f” below are met.

- a. Payment is in arrears or due within 5 calendar days;
- b. All other resources have been exhausted (e.g., State’s Low Income Home Energy Assistance Program);
- c. Payment is limited to one month’s cost.
- d. The month paid is current amount;
- e. The month paid can be paid only once in each award phase for any individual or household; and
f. Payment must guarantee an additional 30 days service.

**Note:** If paying from a past due notice, you must get a breakdown of the monthly charges.

**Reconnect fees are eligible.**

**Late fees and deposits and trash pickup are ineligible.**

**Note:** Utility disconnects and termination notices often do not show amount owed by the month. The monthly information must be verified with the utility company and written onto the notice or metered utility verification form.

**Documentation required:** (1) Metered utilities (e.g., electricity, water), copy of past due or current utility bill with a breakdown which clearly identifies one month’s charges including due date and the service period.
The Northeast Nebraska Community Action Partnership, Inc., helps homeless and near homeless individuals/families with services that meet their initial needs as set forth in the eligible activities below. Funding for this program is from Emergency Shelter Funds (ESG) which are federal funds (HUD). These funds are accessed through the Nebraska Department of Health and Human Services Nebraska Homeless Assistance Program. The Emergency Solutions Grant focuses on housing stabilization through temporary assistance that serves as a bridge to long-term stability. It provides homelessness prevention assistance to households who would otherwise become homeless - many due to the economic crises and assistance to rapidly rehouse persons who are homeless. The program is NOT for chronically homeless. *If the client has barriers that suggest sustainable housing cannot be achieved they should be referred to another appropriate service agency.*

Family Services will request documentation of citizenship/alien status and will not serve undocumented persons.

**GUIDELINES AND ELIGIBLE PROGRAM COMPONENTS**

There are three eligible program components to the Emergency Solutions Grant, they are emergency shelter, homeless prevention and rapid re-housing. Guidelines for these components are:

1. **Emergency Shelter**
   Emergency shelter only to those who are homeless when no appropriate emergency shelter available
   a. Room rentals or hotel/motel vouchers to provide emergency shelter.
      *Remember: exhaust all other options for shelter before you assist with motel/hotel. May provide one to a 30 night stay, not to exceed $400, depending on circumstance.*

2. **Homeless Prevention**
   **Defined purpose:** To prevent person from becoming homeless in a shelter or an unsheltered situation. To help such person regain stability in their current housing or other permanent housing.
Eligible Program Participants: Extremely low-income individuals and families (household income below 30% of AMI, or Area Median Income) at risk of becoming homeless and moving into an emergency shelter or place not meant for human habitation.

Housing Relocation and Stabilization Services Financial Assistance: Security deposits, Utility deposits (ex: gas, electric, water/sewage), First month’s rent, Short term rental assistance. Short term rental assistance is up to three months; rental arrears is a one-time payment of up to three months including any late fees on the arrears.

Procedures for Emergency Assistance - Page 10

Short Term Rental Assistance Requirements and Restrictions:
• Compliance with FMR (Fair Market Rents) and Rent Reasonableness
• Compliance with minimum habitability standards
• Rental assistance agreement and lease standards. The rental assistance agreement must set forth the terms under which rental assistance will be provided. Participants receiving rental assistance must have a legally binding, written lease for the rental unit. (No rental assistance can be provided to a household receiving rental assistance from a public source - housing authority)

3. Rapid Re-housing:
Defined purpose: To help homeless persons living on the streets or in an emergency shelter transition as quickly as possible into permanent housing, and then, to help such person achieve stability in that housing.

Eligible Program Participants: Literally homeless individuals and families (currently living in an emergency shelter or place not meant for human habitation)

Housing Relocation and stabilization Services Financial Assistance: Security deposit, utility deposit, and utility payments

Short Term Rental Assistance: Short term rental assistance may be up to three months.

Housing Relocation and Stabilization Services Requirements and Restrictions:
Participants must meet with a case manager at least monthly for the duration of assistance. Participants must be assisted in obtaining appropriate supportive services essential for independent living; mainstream benefits (SOAR, SSI/SSDI, Medicaid, TANF, SNAP, etc.)

Short Term Rental Assistance Requirements and Restrictions:
• Compliance with FMR (Fair Market Rents) and Rent Reasonableness
• Compliance with minimum habitability standards
• Rental assistance agreement and lease standards. The rental assistance agreement must set forth the terms under which rental assistance will be provided. Participants receiving rental assistance must have a legally binding, written lease for the rental
unit. (No rental assistance can be provided to a household receiving rental assistance from a public source - housing authority).

- Other requirements. The program will request documentation of citizenship/alien status and will not serve undocumented persons as per Emergency Solutions Grant (NHAP) contract.

Definitions:

Prevention - Individuals and families who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Re-Housing - Individuals and families who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Case Management is mandatory. You and the client must meet at least monthly if not more depending upon the need and situation. Case management includes: Assessing, arranging, coordination, and monitoring the delivery of individualized services to facilitate housing stability, which includes conduct the initial evaluation and re-evaluation, coordination of services, monitoring and evaluation program participant progress; providing information and referrals to other providers and developing an individualized housing and service plan.

Budgeting, Credit Repair, RentWise, Money Smart, Career Development.
**Taxonomy Codes:**
Food voucher   BD-1800.2250  
Homeless motel Voucher   BH-1800.8500-300  
Rental deposit assistance   BH-3800.7250  
Utility deposit asst.   BV-8900.9150  
Economic Self Sufficiency programs PH-2360.2000

Entering information into case notes is mandatory!
The Backpack/School Supplies Program intent is to enable low income children and youth to begin school in the fall with the necessary school supplies needed for their first day. The Families that can’t afford school supplies will be able to maintain their basic needs through the assistance with the Backpack/School Supplies Program. The program serves income eligible households that are at or below 125% of federal poverty levels, ages 5 - 18yrs with a one time assistance per child.

Eligibility Guidelines and Intake Procedures:
• At or below 125% federal poverty income guidelines (proof of income of HH)
• Utilize Basic Intake Form and consents
• For data collection use ServicePoint Element Codes provided below, specific to activity
• Receipt signed by parents of how many backpacks they received.
• Enter services into Service Point

Taxonomy Codes for Activity:

Backpack/School Supplies Program
Taxonomy code    HL - 7800.2000
This program originated from Department of Health and Human Services, since they no longer have regional offices HHS has spun this off to Community Action. All Family Services offices will receive allotted amount of fans for distribution to low-income clientele meeting the income guidelines of 125%.

**Eligibility Guidelines and Intake Procedures:**

- Client at or below 125% federal poverty income guidelines (proof of income of HH)
- Utilize Basic Intake Form and consents
- For data collection use Service Point Element Codes provided below, specific to activity
- Enter services into Service Point

**Taxonomy Codes for Activity:**

**Fans/Air Conditioners**  
Taxonomy code  BM-3000.0500-200
Migrant Assistance Program

Services will be provided under this program in the areas of nutrition (food voucher), shelter, utility assistance, and transportation.

Definitions:
A migrant worker is a hired farm worker who is required to travel to such an extent that they are unable to return to their accepted place of resident within the same day.

The seasonal farm worker must have earned at least 50% of their total income from agricultural work. (Agriculture means “for farmers only”, not in processing plants, equipment dealers, etc.

The Migrant/Seasonal Farm workers program will request citizenship/alien documentation and will not serve undocumented workers. However, if a family comes in and the wife is documented but the husband is not, or vise versa, the family will be assisted with 50% of the available amount for assistance.

Eligibility Guidelines and Intake Procedures:
• Application, BIF, consents
• Citizen Attestation Form (copy of green card (work permit) etc.)
• If paying:
  Rent- Need: copy of lease (occupants in home)
  Motel-Need: billing from motel (all occupants in room)
  Gas - Need: billing from gas station, with client name and signature (use your PO Book)
  Food- Need: Similar form to Peter Kiewit, copy of cash register receipt, form signed by Grocery store owner and signed by client. No purchasing of alcohol, pop, candy, etc. Food staples only.
• Enter services into Service Point

Keep track of Disbursements on the forms provided by CAPWN (Community Action Partnership of Western Nebraska - Family Services Director)
Form: Monthly Statistical Summary

Taxonomy Code:
YV-5000
Holiday Gifts/Toys

Each Christmas Season Joann Komenda, representative of the Westminster Presbyterian Church in Lincoln, Ne, adopts families from our area to give Christmas gifts to. Family Services Coordinators, pick the families that they think would benefit the most from the program. Usually these families are the families that they are case managing. Each family is given a Family Identification and Gift Selection form to fill out which identifies their name, age, sex, gift selections and sizes. The Church requested that families keep their wishes and wants under the $25.00 limit. The Family Services Coordinators writes a case history of the family and their current situation. The Pender office is contacted by Joann Komenda of pickup dates which are usually around the middle of December. Staff from the Pender office trek to Lincoln to pick up the gifts for distribution to families. Families are given Christmas names as identification markers in order for confidentially.

Documentation needed:
125% Federal Poverty Income
BIF
Family Identification and Gift Selection Form
Case History
Enter services into Service Point
Commodity Supplemental Food Program (CSFP)

Requirements:
1. Current US/or Nebraska I.D. for each person applying for Commodities
2. Proof of Address (gas or phone bill, mail with name and address, etc)
3. Proof of income (Medicaid, pay stub, child support, unemployment etc.)

CSFP serves:
• Infants up to the 12th month of age
• Children from age one up to the 6th birthday
• Women who are pregnant, breastfeeding and/or who have had a baby within the past year. or up to one year postpartum
• Seniors age 60 and greater

CSFP is available statewide in Nebraska to those who are income eligible. Individuals may not be enrolled in both the WIC program and CSFP. Enrolling in CSFP will not affect your food stamps or any other government assistance. You do not need to be on public assistance to qualify.

Food package contains:
Canned meat, canned vegetables, canned fruits, cereal, cheese, pasta or rice or potatoes, UHT fluid milk, dry beans or peanut butter, dry milk, juice. Infants receive infant formula and infant cereal.

Distribution sites:
Norfolk, South Sioux City, Wisner, Creighton, Tekemah, Oakland and Neligh

Referrals:
Potential participants need to call the Pender Central office to schedule an appointment.