

Early Head Start

Family Partnership Agreement (FPA)

Staff Name: _____ Child's Name: _____ Today's Date: _____
 Parent Name: _____ Parent Name: _____ Original Update

Which services would you like information about?

	Yes	No	Current Use		Yes	No	Current Use		Yes	No	Current Use
Food Stamps / Boxes				Child Care				Smoking Cessation			
WIC				Basic Education / GED				Counseling			
Clothing				ESL Classes				Parenting Support			
Housing				Employment				Grief Support			
Utility Assistance				Job Training				Anger Management			
TANF				Drug / Alcohol Support				Pregnancy Support			
Health Care				Legal Aid				Baby Supplies			
Oregon Health Plan				Transportation				Family Planning			
Dental Care				Basic Needs				Other:			

Every person deserves positive, respectful and supportive relationships. Although we cannot counsel you on struggles with your partner, we can support you in finding assistance to live your life the way you choose.

Early Head Start has resources for parents who would like help or more information on overcoming addictions.

Please tell us how we can best serve you:

_____ EHS staff demonstrate strategies suggested during classroom time
 _____ EHS staff demonstrate strategies suggested outside of class
 _____ Role play strategies with EHS staff outside of class
 _____ Participate by acting out strategies as EHS staff coach and instruct you
 _____ Observe strategies via DVD, CD, or Video
 _____ Observe strategies as modeled by EHS staff
 _____ Meet with a Specialist/Therapist
 _____ Meet with EHS staff and Specialist/Therapist to discuss strategies
 _____ Listen as EHS Staff read documentation/resources to you regarding Strategies

Other Agencies & Pre-existing Plans: _____

Questions/Comments: _____

What goals do you have for yourself, your family or your child?

Goals	Target Date	Steps to make this happen	Who can help?