

NYC DOE

Division of Early Childhood Education

Family Partnership Agreement Including:

Section 1	Family Assessment
Section 2	Safety Plan
Section 3	Family Goal Setting
Section 4	Transition



Family Partnership Agreement

The Grantee provides this form to all New York City Early Learn Agencies who may use it in its entirety or adapt it to meet their program's needs. This form is aligned with the Family Community Partnership Head Start Performance Standards and meets all requirements of ELNYC. Additionally, this form can be filled out electronically using Adobe Reader.

Part I: FAMILY ASSESSMENT

Instructions:

A *Family Assessment* is required in the **Head Start Reauthorization Act**.

If your Contracted Agency already has a *Family Assessment Form*, please check to see that it includes the information in the attached form.

For an assessment to be effective, completing the form should *begin* immediately following enrolling the child. As the relationship with the family grows, the staff person can obtain all of the information needed to complete the form and begin to assess with the family what, if any services/ information would be helpful to the family.

Completing *the Family Assessment* form is the first step in developing the **FAMILY PARTNERSHIP AGREEMENT**.

The *Family Assessment Form*, as with the Family Partnership Agreement should be completed by communicating with *both parents*. *Non-custodial parent can also be included* when possible, but may be completed with parents separately if that is their choice.

All references to "parents" include custodial, non-custodial and is gender neutral.

Parents have the option of deciding whether or not, to continue with the assessment process and may choose to continue at a later date.

FAMILY ASSESSMENT

A. Identifying Information

Child's Name: _____

Date of Birth: _____

B. Name of Parent(s)/ Guardian(s)

Please Check: Kinship Foster Care Other _____

C. Date of Entry: _____

Family & Community Engagement (FCE) Staff person: _____

Classroom Name/Number: _____

D. FAMILY'S IDENTIFYING DATA:

Include all family members in the home. This information may be available on the intake form, if so transfer that onto this form and confirm with parent that this information is correct. For foster care families, list members in foster home.

Family Members' Name:	DOB:	Sex:	Relationship to Child:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Interventions and Needed Services: if the family is referred to an outside agency, document the contact name, agency name, address, telephone number, date and follow up (confirmation of contact):

EMERGENCY/CRISIS ASSISTANCE

Service	Referred To: Organization Name	Follow-up (see 45 CFR 1304.40(b)(2))
<p align="center">Food (I.e. Food Banks, Vouchers, etc.)</p>		
<p align="center">Clothing (I.e. Clothing Banks, etc.)</p>		
<p align="center">Transportation (I.e. Metro Card provided, etc.)</p>		
<p align="center">Housing (I.e. Emergency Shelter Placement, HPD, etc.)</p>		
<p align="center">Other Specify: _____</p>		

F. ADDITIONAL SERVICES: Are you currently receiving or interested in the services below?

	Receiving	Interested	Not Applicable
1. "Preventive" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. "Mental Health" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. "Domestic Violence" services? (If Yes , see Safety Plan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. "Substance Abuse" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. "Public Assistance" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. "Food Program" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. "Housing" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. "Employment" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. "Job Training/Education"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. "Disability" services?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. "Health Education" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. "Parenting Education" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. "Legal" services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is either parent on active military duty?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Is either parent Deployed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Are you receiving any other services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. Pre-existing Family Plans with any other organizations (see 45 CFR 1304.40(a) (3))

Name of Organization: _____

Address: _____

Contact person: _____

Reason: _____

Frequency of Visits: _____

Release/Receive of Information on file: **YES** **NO**

If there is no Release/Receive of Information on file, please request that the family signs the form and retain a copy in the family file.

*****Attach additional information on your agency's letterhead*****



Mid-Bronx CCRP Head Start ECC #1
1125 Grand Concourse Bronx, New York 10452
Telephone: 718 590-7014 Fax: 718 590-7059

Child's Name

Class

Continuation of Pre-Existing Organization

Name of Organization: _____

Address: _____

Contact person: _____

Reason: _____

Frequency of Visits: _____

Release/Receive of Information on file: _____ Yes _____ No

If there is no Release/Receive of Information on file, please request that the family signs the form and retain a copy in the family file.

Name of Organization: _____

Address: _____

Contact person: _____

Reason: _____

Frequency of Visits: _____

Release/Receive of Information on file: _____ Yes _____ No

If there is no Release/Receive of Information on file, please request that the family signs the form and retain a copy in the family file.

Name of Organization: _____

Address: _____

Contact person: _____

Reason: _____

Frequency of Visits: _____

Release/Receive of Information on file: _____ Yes _____ No

If there is no Release/Receive of Information on file, please request that the family signs the form and retain a copy in the family file.

H. FOSTER CARE FAMILIES

1. Foster Parent's Name(s):

2. Foster Care Agency name and address:

3. Case Worker's name and telephone number:

4. How long has the child been in your care?

5. Does the child have siblings? YES NO

If yes, how many? _____

6. Do these siblings reside with you? YES NO

7. Does the child have visitation with parent/siblings? YES NO

If yes, how often? _____

Date of last visit: _____

8. Next FASP (Family Assessment Service Plan) due:

9. Date of next service plan review:

10. Would you like the program staff to participate in the service plan reviews?

YES NO

If yes, please provide the date of the next service plan review:

11. Follow up if any:

I. IMMIGRANT FAMILIES

- 1. What country is your family from? _____
- 2. What is the family's primary language at home? _____
- 3. Are there any immigration issues or challenges you or your family would like assistance with?

J. SKILLS /TRAINING

Are you currently employed? YES NO

If unemployed, are you interested in help with job training? YES NO

Are you interested in help with job placement? YES NO

What languages do you speak? _____

What skills did you use in your former employment?

K. Highest level of education completed?

Parent /Guardian: _____

- High School Diploma/GED/TASC
- Vocational Training Program- _____
- College Credits Completed- _____
- 2-yr degree program 4-yr degree program
- Other (Ex. Certifications in Auto Repair, Medical Billing, Home Health Aide, etc.)

M. Family Medical History: This section requires parent(s) signature(s) (Include any physical and mental health, dental and/or allergy conditions. A copy of this section should be placed in the child's health form.)

1. Does the child have a medical home? YES NO
If answered no, would the family like a referral? YES NO

2. Does the child have health insurance? YES NO
If answered no, would the family like a referral? YES NO

3. Do all family members have a medical home? YES NO
If answered no, would the family like a referral? YES NO

4. Do all family members have health insurance? YES NO
If answered no, would the family like a referral? YES NO

5. What type of health insurance do you and your family members have?

Children: _____

Parents: _____

6. What type of medical home does your family utilize?
 Private Doctor Clinic Emergency Room No Medical Home

7. What is your level of satisfaction with your medical home?
 Satisfied Somewhat Satisfied Dissatisfied No Opinion

Family referred to: _____

Follow-up: _____

Parent's Signature & Date

FCE Staff Signature & Date

Family Partnership Agreement
Part 2: Safety Plan
Only use if family is in a Domestic Violence situation

II. FAMILY'S SAFETY PLAN

1. Is there an Order of Protection? YES NO
2. If yes, what are the details of the Order of Protection? Who is listed on the Order of Protection? (If the child is listed please obtain a copy.)

3. When does the Order of Protection expire?

4. Is there a Safety Plan in place? YES NO

5. If yes, what are the specific recommendations of the Safety Plan?

6. Describe and list any current court proceedings related to the child enrolled in an Early Learn NYC agency:

I acknowledge that I have completed my Safety Plan.

Signature of Parent(s) & Date

Signature of FCE Staff & Date

Family Partnership Agreement Part 3: Goal Setting

Once you have *engaged a family:
the *process* of identifying,
and “setting” goals begins:**

IV. FAMILY GOAL SETTING: Set S.M.A.R.T. Goals with families:

Part I. Specific – Measurable – Attainable – Realistic – Timeline Identified

A. What are the needs *and/or* goals/aspirations for **yourself** (in *family member's* words):

1. _____
2. _____
3. _____
4. _____
5. _____

B. What are the needs *and/or* goals/aspirations for **your child** (in *family member's* words):

1. _____
2. _____
3. _____
4. _____
5. _____

C. What are the needs *and/or* goals/aspirations for **your family** (in *family member's* words):

1. _____
2. _____
3. _____
4. _____
5. _____

Ask parents/guardians to choose which Goal they want to start with.

Part II. Worksheet One

Make copies of worksheet for each Goal.

D. Goal _____

List the family's resources, supports and /or strengths to achieve goals and/or aspirations (In family member's words, include attempts already made to meet needs and goals and any community resources that would be helpful in assisting the family):

E. List the family's barriers to meet needs and/or achieve goals/aspirations (in family member's words):

F. List strategies for overcoming barriers/obstacles (in family member's words):

STATEMENT OF PARTNERSHIP AGREEMENT

The Family and Community Engagement staff and the parent(s) agree to work collaboratively on an ongoing basis over time to develop and implement this individualized Family Partnership Agreement. This will hopefully enhance the parents' ability to achieve their goals and aspirations. This document will be used to track, review and revisit goals and plans. It should be revised as needed. All follow-up efforts, progress made, and revisions can be documented in this Family Partnership Agreement or on contact notes which should be attached.

DECLARACIÓN DE ACUERDO DE ASOCIACIÓN

El personal de la comunidad, familia y el padre(s) se comprometen a trabajar en colaboración de forma continuada en el tiempo para desarrollar e implementar el presente Acuerdo de Asociación Familiar individualizada. Esperamos que esto mejorara la capacidad de los padres para lograr sus metas y aspiraciones. Este documento se utilizara para realizar un seguimiento, revisar metas y planes. Debe revisarse según sea necesario. Todos los esfuerzos de seguimiento, los progresos realizados, y las revisiones pueden ser documentados en este Acuerdo de Asociación de Familia o en notas de contacto que deben de ser adjuntas.

Parent's Signature & Date

**Family Worker/Assistant
Signature & Date**

Family and Community Engagement Supervisor Signature & Date

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Education*

Transition

Preparing the family to Transition

