

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



SPOKANE COUNTY HEAD START/ECEAP/EHS Family Strengths and Partnership Agreement/Goals Worksheet

Interview date: _____
Yearly update: Date _____ Initial _____

Child's name _____ Classroom # _____
 Parent's name _____ Family strengths _____
 FSC's name _____

<p style="text-align: center;">Health</p> <p><input type="checkbox"/> Family has health concern?</p> <p><input type="checkbox"/> Hct/Hgb needed?</p> <p><input type="checkbox"/> Blood lead level needed?</p> <p><input type="checkbox"/> Well-child/dental exams up to date?</p> <p>ABCD "E" dental <input type="checkbox"/> Enrolled <input type="checkbox"/> Referred</p>	<p style="text-align: center;">Insurance</p> <p><input type="checkbox"/> Child—medical/dental coverage Type of insurance _____</p> <p><input type="checkbox"/> Adult—medical/dental coverage Type of insurance _____</p> <p><input type="checkbox"/> Family has car insurance</p> <p><input type="checkbox"/> Family has homeowners/rental insurance</p>	<p style="text-align: center;">Stress/Wellness</p> <p><input type="checkbox"/> Family has the tools to "de-stress" when needed</p> <p><input type="checkbox"/> Knows alternatives to substance abuse/domestic violence</p> <p><input type="checkbox"/> Experiencing recent family changes</p>	<p style="text-align: center;">Food/Nutrition</p> <p>Family has access to resources: <input type="checkbox"/> WIC <input type="checkbox"/> Food stamps <input type="checkbox"/> Food banks</p> <p>Interested in more information on: <input type="checkbox"/> Child/adult nutrition <input type="checkbox"/> Food selection/preparation <input type="checkbox"/> Meal planning/budgeting</p> <p>Other concerns: _____</p>	<p style="text-align: center;">Family Interests</p> <p><input type="checkbox"/> Special skills or hobbies:</p> <p><input type="checkbox"/> Special activities family enjoys:</p> <p><input type="checkbox"/> Volunteer interests:</p>
<p style="text-align: center;">Disabilities</p> <p>Family accessing resource support for disabilities:</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> DDD</p> <p><input type="checkbox"/> Child has IEP/IFSP</p>	<p style="color: red; font-weight: bold;">Referrals/Resources/Additional information</p>			<p style="text-align: center;">Housing</p> <p>Renting / Buying House / Apartment</p> <p><input type="checkbox"/> Receiving housing subsidies</p> <p><input type="checkbox"/> Can access energy/utility assistance</p> <p><input type="checkbox"/> Have working smoke detectors</p>
<p style="text-align: center;">Child Development/Parenting</p> <p><input type="checkbox"/> Family supports children's education at home (read and write together)</p> <p>Interested in more info on: <input type="checkbox"/> Child development <input type="checkbox"/> Parenting methods <input type="checkbox"/> Positive discipline <input type="checkbox"/> Family provides regular routine for child (meal time, bed times, etc.)</p>	<p style="color: red; font-weight: bold;">Agency involvement: What other agencies or services are you currently working with? How can we help you with that?</p> <p><input type="checkbox"/> Children's Home Society <input type="checkbox"/> Spokane Mental Health <input type="checkbox"/> Working Connections <input type="checkbox"/> WorkFirst <input type="checkbox"/> CPS <input type="checkbox"/> SPOC <input type="checkbox"/> SNAP <input type="checkbox"/> SCAN <input type="checkbox"/> Other _____</p>			<p style="text-align: center;">Parent: Employment/Education/Financial</p> <p><input type="checkbox"/> WorkFirst/TANF participant</p> <p><input type="checkbox"/> Currently seeking employment</p> <p><input type="checkbox"/> Currently working FT/PT</p> <p><input type="checkbox"/> Currently enrolled in training program/school at: _____</p>
<p style="text-align: center;">Childcare</p> <p><input type="checkbox"/> Has childcare to meet needs <input type="checkbox"/> Child care center <input type="checkbox"/> In-home provider <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Has DSHS childcare subsidies</p> <p><input type="checkbox"/> Does not need childcare</p>	<p style="text-align: center;">Legal</p> <p><input type="checkbox"/> Family feels safe</p> <p><input type="checkbox"/> Child support/parenting plan in place</p> <p><input type="checkbox"/> Concerned with legal issues</p> <p><input type="checkbox"/> Family involved in divorce or custody issues</p> <p><input type="checkbox"/> Family involved with Child Protective Services</p>	<p style="text-align: center;">Transportation</p> <p><input type="checkbox"/> Family has reliable transportation</p> <p><input type="checkbox"/> Has car/booster seats</p> <p>Most often use: <input type="checkbox"/> Private car <input type="checkbox"/> Public transportation</p> <p>Child will get to school by:</p>	<p style="text-align: center;">Looking for Resources?</p> <p><input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shoes <input type="checkbox"/> Child safety seats <input type="checkbox"/> Money management/budget <input type="checkbox"/> Furniture <input type="checkbox"/> Appliances <input type="checkbox"/> Other _____</p>	<p style="text-align: center;">Family/Community Support</p> <p><input type="checkbox"/> Extended family and/or friends are supportive</p> <p><input type="checkbox"/> Has community connections</p> <p><input type="checkbox"/> Neighborhood programs/services</p> <p><input type="checkbox"/> Church/spiritual</p> <p><input type="checkbox"/> Other</p>

FAMILY PRIORITY FOR GOALS AND ACTION PLANS

Goal statement: What do you want or need for yourself or your family the most?

Further follow-up/progress:

(date and initial)

Action plan/steps/timelines:

Who will do what, by when? How can we help you with your plan?

Parent signature _____

Date _____

FSC initial _____