 **Early Head Start Expectant** **Family Partnership Agreement**

**Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Family Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Congratulations! You have been selected to take part in our Early Head Stat program.** Early Head Start is a home visiting program designed to support you throughout your pregnancy

As your home visitor, *it is a privilege to be invited into your home each week*! It is my responsibility to support your family and child development goals. I will:

offer you many ways to join in the program

give support in your home language

always keep confidentiality

offer information/ activities that support your pregnancy

support regular attendance by letting you know if I need to change a home visit as soon as possible and try to change it for a later date

help identify needs, interests, strengths and goals that support your family’s well-being

support, link and partner with community resources and agencies as requested

team with agencies you partner with to support shared goals

support your child and family’s physical, mental and emotional health

As my child’s first and most important teacher, I understand:

sharing information about my family and child with my home visitor will support goal progress

we will need a space to meet our home visitor that is free from interruptions such as phone and tv

my participation, using home materials whenever possible, is an important component of the activity we have chosen with our home visitor

weekly home visits will help my child learn and be ready for school

the importance of regular attendance

if at any time the program does not fit into my schedule, or attendance cannot be maintained, my child may be placed back on the wait list.

my home visitor will support, link and partner with community resources and agencies when requested

Prenatal care will support keeping you and your baby healthy. Prenatal checks and dental care are requirements to be part of this program

a supervisor/coach may come with my home visitor and may contact you for program information for continued program improvement

Parent Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS Staff Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8/23 Reference: 1302.50, 1302.51, 1302.52, 1302.53 EHS & HS Teams/EHS/Forms/Expectant Families