This form will be completed by the Program Services Coordinator (PSC) and Child Family Specialist (CFS) with requests to support enrolled families in the event of a CFS position is unoccupied or CFS is absent for an extended period. Completed form will be shared with Socialization Specialist, Recruitment and Health Specialist, EHS Coach, and EHS Manager.

|  |  |
| --- | --- |
| **Date Supports are Requested:**  | **Beginning & Ends Dates of Requested Supports:**  |
| **PSC:**  | **CFS & County:**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Birth Date** | **Home Address** | **Phone Number** | **Dev. Goal**  | **Notes:** Examples: Family goals, Developmental delays, etc**.**  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

**Directions:** Check the boxes that you would like your Socialization Specialist to provide to ALL enrolled families. If you would like different services provided to each family, complete the chart on the last page of this form.

|  |  |  |
| --- | --- | --- |
| **Monthly Supports** | **Description** | **Monthly for all families** |
| **PoWeR Books** | **Send 1st week of the month*** Mail out monthly PoWeR Books to families with PoWerBook bookmarks.
* Document in ChildPlus
* <https://www.nmcaaehs.com/communication-language-and-literacy.html>
 |  |
| **Phone Call Check-In** | **Send the 2nd week of the month\**** Phone call to inquire about In-Kind, family resources or supports needed.
* Document in ChildPlus
* Directions for first contact below.
* Support families with being added to the Remind App if interested.
 |  |
| **Monthly County****Calendar/Newsletter** | **Send the 3rd week of the month.** * Calendars will be individualized to the county.
* Document in ChildPlus.
 |  |
| **PAT Parent Resources** | **Send the 4th week of the month.*** Specific to the age of child, developmental goal, or family goals.
* Document in Child Plus.
 |  |
| **In-Kind Activity Calendars** | **Send the 4th week of the month.*** Calendars will be sent based on the child's developmental goal and age. In-Kind Activity Calendars can be found on Weebly.
* Send four weekly calendars each month for a variety of developmental areas, minimum of one calendar reflecting developmental goal.
* Document in Child Plus.
 |  |
| **Health Check Reminders** | * Contact R&H to find out about any upcoming health requirements for enrolled families.
* Notify enrolled families of upcoming health requirements.
* Document in Child Plus.
 |  |
| **Transition Activities** | **Send the 4th week of the month.** * Provide In-Kind Transition Calendars from Weebly website.
* This will be specific to children 30 months of age and older.
* Check in with the family's progress during monthly phone call.
* Share Pre-App QR Code.
* Document in Child Plus.
 |  |
| **5th week of the month:** | * In the event there is a fifth week in the month, the SS will call or text each family to check-in or follow-up with previous conversations. Document in Child Plus.
 |  |

\***Initial phone call to families:**

* Introduce yourself as the county Socialization Specialist and support staff.
* Ask if they have received PowerBook sent out the previous week.
* Talk about how they will be receiving an In-kind calendar specific to their child’s developmental goal the following week. Ask if there are any questions. In-kind might not be a familiar term to family.
* Check-in to see if they need any resources.
* Let them know you will be calling next month to check-in with them. See if they need any resources and if they have been able to complete any activities from the In-kind Weekly Calendar.
* If the family does not answer, leave a message. Plan on sending a check-in text within the week of initial call. Document in Child Plus.
* Ask families questions pertaining to their child’s specific developmental milestones. Examples: potty training, teething. (PAT Developmental Tracking Form can be used as a support).
* Ask families what their preferred method of communication is? Phone call or text.

**Individual Supports provided to enrolled EHS families.**

This section of the form can be used when individual supports are being provided to each family. Contact must be made with the enrolled family weekly when a CFS is absent for an extended period of time. Additional staff members who are contacting family each week can be added to this form when needed. Weekly family contact or attempts to contact family will be documented in ChildPlus by the staff member each week.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Monthly Supports:** | **Week 1:** PoWeR Books | **Week 2:**Phone Call Check-In | **Week 3:** CountyCalendar & Newsletter | **Week 4:** Transition Activities | **Week 4**: PAT Parent Resources | **Week 4:** In-Kind Activity Calendars | **5th week:** Family Contact |
| **Child’s Name** |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |