



Early Head Start Expectant Family Partnership Agreement

Family Name: _____ **Child Family Specialist:** _____

Congratulations! You have been selected to take part in our Early Head Start 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 pregnancy goals through home visits, screenings, and socializations. I will:

- offer you many ways to join in the program
- give support in your home language
- ensure you have a safe place to share personal information and keep confidentiality at all times
- offer information that will 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
- identify needs, interests, strengths and goals that support your family's well-being
- support, link and partner with community resources and agencies
- team with agencies you partner with to support shared goals
- support you and your family's physical, mental and emotional health
- support parenting through Your Journey Together activities

As my child's first and most important teacher I understand:

- that socialization opportunities are a part of the program and are important growth experiences. If I have trouble attending, I will talk to my home visitor about what supports I may need
- sharing information with my home visitor can support goal progress
- I will provide a space to meet that is free from interruptions such as phone and television
- I will participate in the activities I have chosen with my home visitor
- home visits will help support my pregnancy
- if I am unable to keep my home visits on a regular basis, I will complete an Attendance Success plan
- if at any time the program no longer fits my schedule, and attendance cannot be maintained, I may be placed back on the wait list
- identifying needs, interests, strengths and goals will support my family's well-being
- my home visitor will support, link and partner with community resources and agencies with my permission
- my home visitor will partner with agencies I work with to support shared goals with my permission
- a healthy pregnancy is important for both my baby and me! Health and dental care are requirements to be part of this program

At any point during the program year, a Program Services Coordinator may come with your home visitor to your home and may contact you for program input. You are welcome to contact the Program Services Coordinator at any time with questions or feedback. Thank you for being part of Early Head Start!

How often will home visits occur?

Parent Signature/Date: _____

2nd yr Initial/Date: _____

EHS Staff Signature/Date: _____

2nd yr Initial/Date: _____