



# **Comprehensive Folder**

## **Early and Head Start**

- **Folder setup – section II**
- **Peachtree child development program**
- **Family profile record**
- **Parent interests**
- **Family partnership agreement**
- **Parent, family, and community engagement tracking**

**Mississippi Action for Progress, Inc.**  
**Folder Setup ~ Section II Family Partnerships**

This section should contain:

[ ] [ ] [ ] [ ] Child Plus Partnership Notes ~ Family Contact Log  
(Child Plus Report # 4110 and /or Family Notes)

[ ] [ ] [ ] [ ] Family Profile Record  
(Complete a new form for returning children)

[ ] [ ] [ ] [ ] Partnership Agreement  
(Must contain a Goal, Plan of Action, Who will be completing tasks,  
appropriate signature, must follow-up on P.A.)

Reviewed By: (All monitors and/or reviewers must sign and date)

\_\_\_\_\_  
Name/Position Date

\_\_\_\_\_  
(Family Community Worker Signature) Date

\_\_\_\_\_  
(Comments/Suggests)

\_\_\_\_\_  
Name/Position Date

\_\_\_\_\_  
(Family Community Worker Signature) Date

\_\_\_\_\_  
(Comments/Suggests)

\_\_\_\_\_  
Name/Position Date

\_\_\_\_\_  
(Family Community Worker Signature) Date

\_\_\_\_\_  
(Comments/Suggests)

# Peachtree Child Development Program

## 4110 - Family Services History

Program Term: Head Start 2008-2009, Site: Peachtree Center, Classroom: Classroom A, Enrollment Status: Enrolled

### Peachtree Child Development Program

#### Peachtree Center

<b>Family Name</b>	Abbott	<b>Primary Adult</b>	Shirley Abbott	<b>IFPA Agency Name</b>	IFPA Agency Type		<b>Case Worker</b>	Irene Hutchins	
<b>Participant</b>	Ashley Abbott	<b>Other Participants In the Family</b>		Abbott, John Abbott, Shirley(T)					
<b>Living Address</b>	135 Celtic Lane, Stone Mountain, GA, 30083			<b>Mailing Address</b>	135 Celtic Lane, Stone Mountain, GA, 30083			<b>Family Partner</b>	No
<b>Primary Phone</b>	(404) 907-7657	<b>Number In Family</b>	4	<b>Number Of Children</b>	2	<b>Needs Assessment Completed</b>	No	<b>Date</b>	<b>Valid Until</b>

Name	Adult / Child	Pri Language	English Proficiency	Education Level	Job Train	SkillTrain	Employment Status	Occupation	Last Work
Ashley Abbott	Child	English	Proficient						
Jack Abbott	Secondary Adult			Adult-High School Graduate			Full-time (35 hours/week or more)		
John Abbott	Child	English	Proficient						
Shirley Abbott	Primary Adult	English	Proficient	Adult-High School Graduate			Part-time (Under 35 hours/week)	Cashier	

Initial Date	Event	Description	Staff Name	Family Members	Service Area	Info Source	Service Issue	Prog	OR	Closr Exp	Closed	Total Time
01/29/09	Family Goal	Help child roll over	Irene Hutchins		Education	Other				3/29/09		
	Notes											
09/17/08	Family Goal	Proper discipline of the children	Irene Hutchins		Family	Family Partnership	Parenting			5/31/09		
	Action Date	Action Type	Action Description	Status	Staff Name	Contact	Referred To	Referral Type	Time Spent			
	10/17/2009	Direct	mom steps towards positive discipline	Ongoing	Irene Hutchins	Phone						
	Notes Mom is implementing positive discipline towards the children. She is also reading twice a week to the children.											

<b>Family Name</b>	Porter/Simmons/Sorrell/Willis	<b>Primary Adult</b>	James Simmons	<b>IFPA Agency Name</b>	IFPA Agency Type		<b>Case Worker</b>	Polly Parrott	
<b>Participant</b>	Kenneth Sorrell	<b>Other Participants In the Family</b>		Sorrell, Vickie					
<b>Living Address</b>				<b>Mailing Address</b>	P. O. Box 8, Roswell, GA, 30622			<b>Family Partner</b>	No
<b>Primary Phone</b>	(404) 742-2333	<b>Number In Family</b>	8	<b>Number Of Children</b>	6	<b>Needs Assessment Completed</b>		<b>Date</b>	<b>Valid Until</b>

Name	Adult / Child	Pri Language	English Proficiency	Education Level	Job Train	SkillTrain	Employment Status	Occupation	Last Work
Bruce Willis	Child				No	No			
Dennis Porter	Child				No	No			
Doris Simmons	Secondary Adult				No	No			
Gloria Willis	Child				No	No			
James Simmons	Primary Adult			Adult-Grade 12	No	No			
Kenneth Sorrell	Child	English			No	No			
Russell Porter	Child				No	No			
Vickie Sorrell	Child	English			No	No			

Initial Date	Event	Description	Staff Name	Family Members	Service Area	Info Source	Service Issue	Prog	OR	Closr Exp	Closed	Total Time
11/09/08	Need Identified	Family Concerns	Polly Parrott	Doris				STR			Closed	
<b>Notes</b> Polly to refer to Mom for mental health eval. DONE 11/23 Staff will support Mom when possible.												
	Action Date	Action Type	Action Description	Status	Staff Name	Contact	Referred To	Referral Type		Time Spent		
	11/23/2008	Referral	Referral To GCHD MHC		Polly Parrott							
Notes												

MISSISSIPPI ACTION FOR PROGRESS, INC.

Region/County

1751 Morson Road  
Jackson, MS 39209

Center

**FAMILY PROFILE RECORD**

Child's Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**FAMILY UNIT**

(Include all family members included in determining eligibility – exclude enrollee)

**NUMBER OF FAMILY MEMBERS:**

Name	Relationship To Child	Sex	Age	Date of Birth	Highest Education	Occupation	Place of Employment

**FAMILY RESIDENCE**

Do you own or rent your residential property? \_\_\_\_\_

Circle the type housing you live in at the present time: House Apartment Mobile Home

Is your family in need of stable housing? Yes No

If yes, please circle the reason housing is needed: Safety and Health Concerns Relocation

Inadequate Living Conditions Living with others Foreclosure Homeless

**FAMILY STRENGTHS & NEEDS ASSESSMENT**

Are you or a household member interested in continuing your education? Yes or No

IF yes, please circle the level of education you would like to achieve?

GED Associate Degree Bachelors Degree Masters Degree Doctorate Degree

If you are currently in school, actively continuing your education, please specify the following:

\_\_\_\_\_  
Name of learning Institution

\_\_\_\_\_  
Anticipated Degree

\_\_\_\_\_  
How long Enrolled

Do you or a household member have reliable transportation? Yes or No

If not, do you have access to reliable transportation? Yes or No

### **FAMILY STRENGTHS & NEEDS ASSESSMENT**

Do you or a household member need financial assistance? Yes or No

If yes, circle the type of financial assistance needed: Employment, Loan ( Auto, Education, Home, Personal), or Disability Claim

Please check any of the following services your family receives:

- ☐ SNAPS (Supplemental Nutrition Assistance Program/ also known as Food Stamps)
- ☐ TANF (Temporary Assistance to Needy Families)
- ☐ Medicaid/CHIP (Children Health Insurance Program)

If your family needs assistance applying for the following services, please check the following boxes:

- ☐ Private Medical Insurance
- ☐ Medicaid/CHIP
- ☐ Unemployment
- ☐ Social Security/Disability Benefits
- ☐ SNAP (Supplemental Nutrition Assistance Program)
- ☐ TANF (Temporary Assistance to Needy Families)

Do you or any household member(s) need dental or medical care? Yes or No

If yes, please specify the name and suspected problem.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suspected Problem

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suspected Problem

Does your family need legal assistance? Yes or No

If yes, please indicate type of legal assistance needed? \_\_\_\_\_

(ex. Child Support, Divorce, Child-Custody, Guardianship, Disability Claims)

Do you or a household member(s) have a physical or mental disability? Yes or No

If yes, please indicate the name of the agency providing services.

\_\_\_\_\_

## PARENT INTERESTS

### Arts & Crafts

- ☐ Scrapbooking
- ☐ Holiday Wreaths
- ☐ Gift Baskets
- ☐ Hair bow Creations
- ☐ Making Jewelry

### Money Management

- ☐ Budgeting
- ☐ Savings
- ☐ Conservative Spending
- ☐ Minimizing Debt
- ☐ Rebuilding Credit Score

### Employment

- ☐ Job Training Skills
- ☐ Resume Building
- ☐ Dress for Success
- ☐ Application Process
- ☐ Effective Interviews

### Parenting

- ☐ Safe Discipline
- ☐ Child Behaviors
- ☐ Nurturing Relationships
- ☐ Shaping Scholars
- ☐ Child Safety Tips

### Creative Design

- ☐ Sewing
- ☐ Quilting
- ☐ Crocheting
- ☐ Paint Design
- ☐ Letter Art

### Carpentry

- ☐ Tile Floors
- ☐ Painting
- ☐ Caulking
- ☐ Trimming
- ☐ Cabinetry

### Gardening

- ☐ Planting Flowers
- ☐ Designing Rock Gardens
- ☐ Planting Vegetables
- ☐ Patio/Porch Design
- ☐ Fresh Flower Design

### Interior Design

- ☐ Decorating Skills
- ☐ Holiday Trends
- ☐ Flower Arrangements
- ☐ Mix & Match Prints
- ☐ Paint Design

### Child Development

- ☐ Preparing for School
- ☐ Curriculum Input
- ☐ Building Self-Esteem
- ☐ Age Appropriateness
- ☐ Child Learning Styles

### Resource Knowledge

- ☐ Voter Registration
- ☐ Earned Income Tax Credit
- ☐ First Time Home Buyers
- ☐ Starting a Business
- ☐ Future Investments

### Culinary

- ☐ Baking
- ☐ Cake decorating
- ☐ Grilling
- ☐ Southern Cuisine
- ☐ Low-Calorie Meals

### Health & Fitness

- ☐ Cardio Exercise
- ☐ Strength Training
- ☐ Weight Management
- ☐ Healthy Body Mass Index
- ☐ Healthy Dieting

### Beauty/Hair Design

- ☐ Healthy Hair Care
- ☐ Braid & Twist Design
- ☐ Nail Tech Designs
- ☐ Cosmetic Make-Over
- ☐ Skin Care

### Healthy Mind & Spirit

- ☐ Stress Management
- ☐ Ditch Depression
- ☐ Relaxation Techniques
- ☐ Breathing Yoga
- ☐ Meditation

### Outreach & Prevention

- ☐ Quit Smoking Tobacco
- ☐ Gambling Addiction
- ☐ Alcohol Abuse
- ☐ Drug/Prescription Medicine Abuse
- ☐ Domestic Violence

---

Parent/Guardian Signature

---

Family Community Worker Signature

---

Date

Enrollment Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

MISSISSIPPI ACTION FOR PROGRESS, INC.  
1751 MORSON ROAD – JACKSON, MS 39209  
Family Partnerships

Center Name/Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Family Case Worker/Home Visitor: \_\_\_\_\_

THE \_\_\_\_\_ FAMILY PARTNERSHIP AGREEMENT  
(Family Name)

Goal(s) to Achieve: (What would the parent like to accomplish for themselves or their family?)	Short/Long Range Goal (1mo., 3mo., 6mo. Other) (When will the parent/family like to have this goal achieved? Indicate a date)	Plan of Action (Tasks/Action Steps) (List the task/steps it will take to lead to the accomplishment of the goal.)	Who will be Completing Task? (Parent, Family Member, Family Case Worker, Home Visitor, Other)
1.			
2.			
3.			
4.			
Follow-up / Date (Check with parent/family once a month to determine status of goal attainment.)	Type of Contact / By Whom (Telephone, Mail, Office, Home Visit)	Additional Notes:	Goal Completion Date (Indicate the date the goal was achieved.)

FAMILY MEMBER SIGNATURE: \_\_\_\_\_  
(Parent/Guardian to sign at the time the goal is developed)

DATE: \_\_\_\_\_  
(Date when the goal is developed)

Family Case Worker/Date \_\_\_\_\_

## Parent, Family, & Community Engagement Tracking

Parent Name \_\_\_\_\_ Center \_\_\_\_\_

**Check all services that have been provided to the parent and family throughout the school year:**

- ☐ Food - (Food donation given due to emergency or crisis situation to assist with family needs)
- ☐ Clothing - (Clothing provided to child or family due to crisis or emergency)
- ☐ Emergency - (Emergency assistance provided to family due to crisis)
- ☐ Literacy/Education- (literacy services and/or literature assessable at center and local library, etc)
- ☐ Child Abuse/Neglect - (Child/Family referred to DHS for suspected abuse/neglect)
- ☐ Crisis Assistance - (Child/Family provided assistance or referral during emergency situation)
- ☐ English as Second Language - (English education services provided to Non English speaking families)
- ☐ Domestic Violence - (Referrals to counselors, shelters, groups, or literature provided to families)
- ☐ Adult Education - (GED or college educational services and/or literature provided to family)
- ☐ Child Support Assistance - (education, literature, or referral provided for child support services)
- ☐ Job Training - (Training, workshops, and literature provided to secure employment services)
- ☐ Health Education-Including Prenatal - (Education, referrals, and appointments provided for health)
- ☐ Transportation - (Bus services provided to children or assisted family with reliable transportation)
- ☐ Substance Abuse Prevention - (Education, literature, or training on drug or alcohol prevention)
- ☐ Mental Health Services - (Education, literature, or referral services provided to child or family)
- ☐ Substance Abuse Treatment - (Education, literature, or referral to rehabilitation center or hospital)
- ☐ Parenting Education - (Classes, education, or training provided on parenting skills)
- ☐ Marriage Education - (Education, literature, or referral for couples therapy or counseling)

**Check Yes or No for all services that apply to the parent and/or family:**

Homeless Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acquired Housing during Program Year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At least one parent/guardian is in the Military	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referred for Services by Child Welfare Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receiving Supplemental Nutrition (SNAP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foster Care during Program Year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WIC	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Partnership Agreement has been completed with parent and family? Yes ☐ No ☐

Routine follow-up is conducted with parent and family monthly? Yes ☐ No ☐

**List the goal(s) and date of completion:**

_____	_____
_____	_____
_____	_____



## Parent, Family, & Community Engagement Tracking

Parent Name \_\_\_\_\_ Center \_\_\_\_\_

List the titles and dates of Trainings/Workshops provided to parent(s) and/or staff during parent meeting? Check Yes or No if Parent(s) was present at the parent meeting.

[illegible]

If applicable, list the titles and dates of any additional Training/Workshop provided to parent(s) and/or staff other than at the parent meetings? Check Yes or No if parent attended any additional training or workshops.

[illegible]