Mississippi Action for Progress,

Comprehensive Folder

Early and Head Start

Folder setup — section III

- Social service referral form
- Parent authorization/permission form
- Additional information related to Family& Community Partnerships
- Prior year's information (turn face down at the back, returning children only)

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

This section should contain:

[ ][ ][ ] Social Service Referral Form(s)
(if referred to another agency)

[ ][ ][ ] Parent Authorization/Permission Form
(complete a new form for returning children)

[ ][ ][ ] Information sent to Family & Notes received from Family

[ ][ ][ ] Additional information related to Family & Community Partnerships

[ ][ ][ ] Previous year's information
(turn face down at the back, Retuning children only)

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

Name/Position Date

Name/Position Date

Name/Position Date

(Comments/Suggests) Date

(Comments/Suggests) Date

(Comments/Suggests) Date

(Family Community Worker Signature) Date

(Family Community Worker Signature Date

(Family Community Worker Signature Date

Mississippi Action in Progress
Head Start/Early Head Start Programs

Interagency Referral

1. Family Referred: _____

   Child's Name: _____

   Address: _____

   Phone Number: _____

2. Agency Referred To:

   Name: _____

   Address: _____

   Phone: _____

3. Reason for Referral/Services: _____

   _____

   _____

   _____

4. Referred By: _____
   Name Title

   Site Name: _____

   Address: _____

   Phone Number: _____

_____ _____
Parent/Guardian/Caregiver Signature Staff Signature

_____ _____
Date Date

To be completed by Agency and returned to family member or to Head Start site.

Services Provided

_____

_____

_____

_____

_____

By: _____
Agency Signature Title Date

Note: Confidential Form

(Revised 05/19)

MISSISSIPPI ACTION FOR PROGRESS, INC.

PARENT AUTHORIZATION/PERMISSION FORM

[Form must be completed annually.]

[School Year 20__-20__]

_____ County/Region

_____ Center

The following people may pick up and receive my child.

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Telephone: _____ Telephone: _____

In the event of an emergency the following people may pick up and receive my child.

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Telephone: _____ Telephone: _____

PARENTAL CONSENTS:

[ ] Yes [ ] No
I give my permission for my child to participate in scheduled Field Trips scheduled by MAP, Inc.. I understand that it may be necessary to sign a permission slip for each trip.

[ ] Yes [ ] No
I give my permission for my child to be Photographed and/or Video Taped participating in center activities.

[ ] Yes [ ] No
MAP, Inc. has permission to obtain emergency medical treatment for my child.

[ ] Yes [ ] No I will allow the staff to make Home Visits.

[ ] Yes [ ] No I will try to attend Center Activities and Parent Meetings.

[ ] Yes [ ] No I am interested in Volunteering in the program.

Parent Signature_____