

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.)

[] [] [] [] **Family Partnership Agreement/ Follow-up on Family Partnership Agreement**
(Must contain Goal, Range of Goal, Plan of Action, Who will be completing tasks, appropriate signatures and dates.)

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

Name/Position

Date

(Family Community Worker)

Date

(Comments/Suggests)

Name/Position

Date

(Family Community Worker)

Date

(Comments/Suggests)

Name/Position

Date

(Family Community Worker)

Date

(Comments/Suggests)

ChildPlus Report 4110
Printed Monthly

MISSISSIPPI ACTION FOR PROGRESS, INC.

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

1. What is your current marital status? (Circle one)

Single/ Never Married Married Partnered Divorced Widowed Separated

2. What race do you identify as? (Circle one)

Pacific Islander African-American White/non-Hispanic Biracial Asian Hispanic
Other

3. Are you currently (Circle one)

Employed Unemployed Part Time Student Full Time Student Disability Job Training

4. What is the highest level of education you've completed? (Circle one)

Less than High School Some High School High School Graduate GED Vocational Training
Some College College Graduate

5. Do you need information on job training/ vocational school or higher education classes available to you (i.e. college, online courses, and non-credit classes)? (Circle one)

Yes No

6. If higher education courses were readily available, how likely would you be to enroll? (Circle one)

Neutral Not likely somewhat likely Likely Very likely

7. If job training were readily available, how likely would you be to enroll? (Circle one)

Neutral Not likely somewhat likely Likely Very likely

(Revised 5/19)



Family Needs Assessment

Child's Name: _____ Site: _____

Parent/Guardian/Caregiver Name: _____ Date: _____

We are here to assist you with information, resources, referrals, and opportunities for training. Please let us know how we can support your needs and interests.

Do you have any emergency or need any immediate crisis assistance in the following areas?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> Utilities Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Counseling | <input type="checkbox"/> Health Concerns |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Alcohol/Drug Abuse |
| <input type="checkbox"/> None at this time | | |
| <input type="checkbox"/> Other: _____ | | |

Family and Personal Needs (Do you need any of the following?):

- | | | |
|--|--|---|
| <input type="checkbox"/> Health Care Access/Health Insurance | <input type="checkbox"/> Food Programs (Food Stamps/WIC) | <input type="checkbox"/> Public Assistance (Cash Aid/SSI) |
| <input type="checkbox"/> Child Support Assistance | <input type="checkbox"/> Budgeting/Savings | <input type="checkbox"/> Disability Services |
| <input type="checkbox"/> Childcare Services | <input type="checkbox"/> Counseling/Support Groups | <input type="checkbox"/> Low Cost Housing |
| <input type="checkbox"/> Low Cost Legal Services | <input type="checkbox"/> Guardianship Assistance | <input type="checkbox"/> Assistance to Families of Incarcerated |
| <input type="checkbox"/> Nutrition/Physical Activity | <input type="checkbox"/> Health Education | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Foster Care Resources | <input type="checkbox"/> Parenting Skills and Education | <input type="checkbox"/> Immigration Assistance |
| <input type="checkbox"/> Father Engagement | <input type="checkbox"/> Positive Discipline | <input type="checkbox"/> Pregnancy Education |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Employment Resources | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Computer Skills | (Internet Access, Job Applications, Unemployment Benefits) | (High School Diploma, GED, College, Career Technical Education) |
| <input type="checkbox"/> Adult Literacy Programs | <input type="checkbox"/> Senior Support Services | <input type="checkbox"/> Counseling Services/Support Group |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Alcohol/Drug Prevention |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Financial Education | <input type="checkbox"/> Income Tax Services |
| <input type="checkbox"/> Marriage Education | <input type="checkbox"/> None at this time | |
| <input type="checkbox"/> Dental Education | | |
| <input type="checkbox"/> Other: _____ | | |

Community Services (Do you need any of the following?):

- | | | |
|--|--|--|
| <input type="checkbox"/> Utility Programs | <input type="checkbox"/> Library Programs | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Community Activities | <input type="checkbox"/> Senior Activities | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Local Community Resources | | |
| <input type="checkbox"/> None at this time | | |
| <input type="checkbox"/> Other: _____ | | |

Children Needs (Do you need any of the following?):

- | | | |
|---|--|--|
| <input type="checkbox"/> Child Development Milestones | <input type="checkbox"/> Activities for Home Learning | <input type="checkbox"/> Child Safety |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> After School Programs | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Disability Support | <input type="checkbox"/> Child's Health and Well-being | <input type="checkbox"/> None at this time |
| <input type="checkbox"/> Other: _____ | | |

Office Use Only

Date Reviewed: _____ Needs Identified: ☐ Yes ☐ No Resources Provided: ☐ Yes ☐ No Staff Initials: _____

Comments: _____



Encuesta de necesidades de la familia

Nombre del niño: _____ Plantel: _____

Nombre Padre/Tutor/Proveedor de Cuidado: _____ Fecha: _____

Estamos aquí para ayudarlo con información, recursos, canalizaciones y oportunidades de capacitación. Por favor déjenos saber cómo podremos apoyar sus necesidades e intereses.

¿Tiene alguna emergencia o está pasando por una crisis y necesita ayuda inmediata en uno de los siguientes?

- | | | |
|---|---|--|
| <input type="checkbox"/> Alimentos | <input type="checkbox"/> Ropa | <input type="checkbox"/> Servicios del hogar |
| <input type="checkbox"/> Albergue | <input type="checkbox"/> Asesoría | <input type="checkbox"/> Preocupaciones de salud |
| <input type="checkbox"/> Violencia doméstica | <input type="checkbox"/> Abuso infantil | <input type="checkbox"/> Abuso de drogas o alcohol |
| <input type="checkbox"/> Ninguno por el momento | | |
| <input type="checkbox"/> Otro: _____ | | |

Necesidades familiares o personales (¿necesita algo de lo siguiente?):

- | | | |
|---|---|--|
| <input type="checkbox"/> Acceso a cuidado o seguro de salud | <input type="checkbox"/> Programas de alimentos (vales de despensa/WIC) | <input type="checkbox"/> Asistencia pública (ayuda monetaria o SSI) |
| <input type="checkbox"/> Ayuda con la manutención de menores | <input type="checkbox"/> Presupuesto y ahorro | <input type="checkbox"/> Servicios de discapacidad |
| <input type="checkbox"/> Servicios de cuidado infantil | <input type="checkbox"/> Servicios de asesoría o grupos de apoyo | <input type="checkbox"/> Vivienda a bajo costo |
| <input type="checkbox"/> Servicios legales a bajo costo | <input type="checkbox"/> Ayuda con la tutela | <input type="checkbox"/> Ayuda a familias de reclusos |
| <input type="checkbox"/> Nutrición/actividades físicas | <input type="checkbox"/> Educación en la salud | <input type="checkbox"/> Preparación para emergencias |
| <input type="checkbox"/> Recursos para el cuidado de crianza | <input type="checkbox"/> Destrezas de crianza y educación | <input type="checkbox"/> Ayuda con inmigración |
| <input type="checkbox"/> Participación del papá | <input type="checkbox"/> Disciplina positiva | <input type="checkbox"/> Educación en el embarazo |
| <input type="checkbox"/> Fijar metas | <input type="checkbox"/> Recursos para el empleo (acceso al Internet, solicitudes de empleo, beneficios de desempleo) | <input type="checkbox"/> Continuación de la educación (diploma de preparatoria, GED, universidad o colegio, carrera técnica) |
| <input type="checkbox"/> Destrezas con la computadora | <input type="checkbox"/> Servicios de apoyo para la tercera edad | <input type="checkbox"/> Servicios de asesoría o grupos de apoyo |
| <input type="checkbox"/> Programas de lectoescritura para adultos | <input type="checkbox"/> Manejo de la ira | <input type="checkbox"/> Prevención del alcohol o drogas |
| <input type="checkbox"/> Inglés como Segundo Idioma (ESL) | <input type="checkbox"/> Educación en las finanzas | <input type="checkbox"/> Servicios de impuesto |
| <input type="checkbox"/> Manejo del estrés | <input type="checkbox"/> Ninguno por el momento | |
| <input type="checkbox"/> Educación de matrimonios | | |
| <input type="checkbox"/> Educación dental | | |
| <input type="checkbox"/> Otro: _____ | | |

Servicios en la comunidad (¿necesita algo de lo siguiente?):

- | | | |
|---|---|--|
| <input type="checkbox"/> Programas de servicios del hogar | <input type="checkbox"/> Programas de la biblioteca | <input type="checkbox"/> Transporte público |
| <input type="checkbox"/> Actividades en la comunidad | <input type="checkbox"/> Actividades para la tercera edad | <input type="checkbox"/> Oportunidades de voluntariado |
| <input type="checkbox"/> Recursos en la comunidad local | <input type="checkbox"/> Ninguno por el momento | |
| <input type="checkbox"/> Otro: _____ | | |

Necesidades infantiles (¿necesita algo de lo siguiente?):

- | | | |
|--|--|--|
| <input type="checkbox"/> Hitos en el desarrollo infantil | <input type="checkbox"/> Actividades para el aprendizaje en casa | <input type="checkbox"/> Seguridad infantil |
| <input type="checkbox"/> Tutoría | <input type="checkbox"/> Programas para después de clases | <input type="checkbox"/> Programas para niños y adolescentes |
| <input type="checkbox"/> Apoyo con discapacidades | <input type="checkbox"/> Salud y bienestar infantil | <input type="checkbox"/> Ninguno por el momento |
| <input type="checkbox"/> Otro: _____ | | |

Office Use Only

Date Reviewed: _____ Needs Identified: ☐ Yes ☐ No Resources Provided: ☐ Yes ☐ No Staff Initials: _____

Comments: _____

Mississippi Action in Progress

PARENT INTEREST SURVEY

The purpose of this survey is to better understand your interests. We would like you involved in choosing and setting up parent meetings and trainings. Each year we ask parents to help suggest ideas and plan your events for the year.

Please take a minute to complete this short survey. Thank you.

Parent name: _____

Child's name: _____

Classroom: _____

Please check all the topics for which you would like more information.

- | | |
|---|---|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Substance Abuse Issues | <input type="checkbox"/> Divorce, Step parenting, Blended Families |
| <input type="checkbox"/> Kindergarten Readiness | <input type="checkbox"/> Menu Planning, Nutrition, Obesity Prevention |
| <input type="checkbox"/> Positive Discipline | <input type="checkbox"/> Dealing with Stress |
| <input type="checkbox"/> How to Quit Smoking | <input type="checkbox"/> Obtaining your GED |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Obtaining a Job |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Coping family in prison |
| <input type="checkbox"/> Effective Parenting Skills | <input type="checkbox"/> Help paying utilities |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Child Abuse/Neglect Prevention |
| <input type="checkbox"/> Child with Special Needs | <input type="checkbox"/> Fatherhood Involvement |
| <input type="checkbox"/> Obtain Health Insurance | <input type="checkbox"/> Budgeting and Money Issues |
| <input type="checkbox"/> Supporting your child's learning at home | |

Please list any other ideas:

Do you have any knowledge, education, skill, or talent you are willing to share with other parents or in the classroom? If so please tell us about it.

What is the best way for us to share information with you? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Talking directly with someone |
| <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Handouts in the parent mailboxes |
| <input type="checkbox"/> Parent meeting | <input type="checkbox"/> Email |
| <input type="checkbox"/> Other: | |

Parent Activities or Meetings

Are you interested in being involved with planning activities or meetings?

Are you interested in leadership opportunities like representing your site at Policy Council?

What time of day would you be able to attend? Please check all the times you could attend a parent activity or meeting. Circle your preference.

- | | |
|---|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> During child's class time |
| <input type="checkbox"/> Late Afternoon | |

Which day of the week would you like to have events? Please check all the days you could attend a parent activity or meeting. Circle your preference.

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

What would stop you from attending parenting activity? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Time |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Lack of interest |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other: |

How would you like to be involved in the classroom?

Do you have any suggestions for getting you or other parents involved?

Parent Signature: _____

Family Community Worker Signature: _____

Thank you for your input!

MISSISSIPPI ACTION FOR PROGRESS, INC.
Family Partnership Agreement § 1302.52

Center Name _____ Child Name _____ Parent Name _____

Family Community Worker _____ Center Administrator _____ Date Initiated _____

SERVICES NEEDED	PARENT GOAL	ACTION STEPS	TIME FRAME	RESPONSIBLE PERSON	DATE OF COMPLETION
<input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Mental Health <input type="checkbox"/> Literacy & Education <input type="checkbox"/> Adult Education <input type="checkbox"/> English as second lang. <input type="checkbox"/> Job Training <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Health Education <input type="checkbox"/> Child Abuse <input type="checkbox"/> Parenting Education <input type="checkbox"/> Marital Education <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Finance/Asset Building <input type="checkbox"/> Credit Repair <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Community Resources <input type="checkbox"/> Referral					

Trainings provided to assist with Goal attainment Date _____ Date _____ Date _____	Referrals to other Community Agencies Date _____ Date _____ Date _____	Agency Contact Person _____ _____ _____
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