Child's Name: _____ Staff Member:_____
Person Interviewed:_____ Date
Completed:_____

SEQUATCHIE VALLEY HEAD START
FAMILY PARTNERSHIP AGREEMENT INTRODUCTION

PLEASE CHECK ALL AREAS IN WHICH YOU ARE INTERESTED OR HAVE A NEED:
We cannot provide all the items/services you may need, but hopefully can get you started with information or setting goals for your family.

EMPLOYMENT / SKILLS TRAINING

I want to:
___Get a part-time job
___Get a full-time job
___Get a new / different job
___Learn to type
___Learn to type
___Become a nurse's aide
___Get computer training
___Learn another trade or skill
___Other:_____
_____

HOUSEHOLD

I want to:
___Increase household furnishings (ex: table, chairs, bed, etc.)
___Get pots and pans
___Get dishes
___Make heating my home safer
___Get curtains /bed linen / kitchen linen
___Other:_____
_____

FINANCIAL ASSISTANCE

I want to:
___Apply for Food Stamps
___Provide necessary clothes for my family
___Be able to pay my utility bills
___Save money on my electric bills
___Budget food dollars / stamps
___Be able to budget general household expenses
_____
___Other:_____
_____

HEALTH / NUTRITION

I want to:
___Get glasses
___Get my teeth fixed
___Fix more nutritious meals for family
___Find a doctor for my family
___Find a dentist for my family
___Other:_____

TRANSPORTATION

I want to:
___Learn about rural transportation programs
___Find a good, cheap car repair place
___Other:_____
_____

SAFETY

I want to:
___Get smoke detectors
___Get carbon monoxide det.
___Get fire extinguisher
___Other:_____
_____

EDUCATION LITERACY

I want to:

___Get my high school diploma or GED
___Learn to read
___Participate in classes that will improve my basic skills (reading, writing, math)
___Pursue further education beyond high school
___Use the public library for myself and my children
___Read at home with my children
___Other:_____

_____
_____

CHILD SUPPORT

Is child support a need?

___Yes
___No

If yes, Have you contacted Child Support Enforcement?_____

Do you need help contacting the Child Support Enforcement office?

PARENT TRAINING SUPPLEMENT

I want to learn:

___When to and when not to go to the doctor
___Anger management (mine and my child's)
___How to promote a drug free home
___How to promote peace within my family
___Family planning
___Other:_____
___Other:_____
_____

HOUSING

I want to:

___Get rental assistance
___Make minor repairs to my home
___Winterize my home

_____

I need emergency assistance (food, clothing, help with paying utility bills, etc.):

___Every month
___Once every three months
___Twice a year
___Once a year
___I can manage without help

Is there any program listed on our Community Resource Guide that you need information about right now?

___Yes ___No If yes, which one?_____

What one thing would you most like to do for yourself or your family?

_____

_____

_Parent / Guardian Signature **Date**

_____

Staff Signature **Date**