

NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM

Family Service Home Visit Form

Child's Name: _____ CPID: _____

Address: _____ Phone: _____

Person Interviewed: _____ Relationship to child: _____

1st Home Visit: Family Outcome:

- Family Well-Being Positive Parent-Child Relationships Families as Lifelong Educators
- Families as Learners Family Engagement in Transitions Family Connection to Peers and Community
- Families as Advocates and Leaders

Discuss:

- Encourage families to participate in the program
- Identify and assist parents with scheduled: Well Child exams, dental exams, and other health follow-ups exams, evaluations, and confirmed medical home
- Information on health and mental health requirements
- Family Assessment – Family Outcomes
- Initiate the Family Partnership Agreement

Outcome: (Explain in detail, include agreements reached, comments, or progress discussed during the visit)

Parent/Guardian Signature

Date

FSW Signature

Date

2nd Home Visit: Family Outcome:

- Family Well-Being Positive Parent-Child Relationships Families as Lifelong Educators
- Families as Learners Family Engagement in Transitions Family Connection to Peers and Community
- Families as Advocates and Leaders

Discuss:

- Follow-up: to assure all were received and update goal progress
- Re-assess family needs
- Review and Update the Family Partnership Agreement

Outcome: (Explain in detail, include agreements reached, comments, or progress discussed during the visit)

Parent/Guardian Signature

Date

FSW Signature

Date

Additional Home Visit: Irregular Attendance, Crisis Intervention, or Other

Family Outcome:

- Family Well-Being Positive Parent-Child Relationships Families as Lifelong Educators
- Families as Learners Family Engagement in Transitions Family Connection to Peers and Community
- Families as Advocates and Leaders

Discuss:

- Importance for the child to have regular attendance
- Attendance Improvement Plan
- Crisis Intervention

Outcome: (Explain in detail, include agreements reached, comments, or progress discussed during the visit)

Parent/Guardian Signature

Date

FSW Signature

Date