



PARENT-HOME VISITOR AGREEMENT



Child Name: _____

DOB: _____

Welcome to the Early Head Start/Head Start Home-Based Program!

Home visits occur **once a week** in your home. Home visits are **90 minutes** in length.

Your home visits will occur on: _____.

Please let your Home Visitor know if you need to change the date/time of your weekly home visit. A new agreement form will be signed each time we adjust your designated date/time.

Socializations occur **twice a month** and provide an opportunity to interact with other children and families.

Home visits and socializations cannot be held with anyone besides the parent/guardian. Babysitters, friends or other relatives may attend the home visits and socializations, but they do not take the place of the parent/guardian.

The Home Visitor will:

- Conduct home visits and socializations. A monthly calendar will be provided of when these events will take place.
- Work together with you to plan activities for home visits and socializations.
- Coordinate services for your child and family, including education, family services, health, nutrition, mental health, and disabilities services as needed.
- Reschedule home visits if the child is exhibiting challenging behaviors and/or is uncooperative with parents' help.

The Parent/Guardian will:

- Actively participate in the entire home visit each week, provide input and help plan socializations, and attend socializations twice a month.
- Make sure that there are no distractions during the home visit (for example, turn off all televisions, radios, and/or cell phones).
- Keep pets in another room or outside.
- Work with the Home Visitor to develop home activities to do between home visits and talk about how things went during the next home visit.
- Implement positive parenting strategies if your child exhibits challenging behaviors during the home visit.
- Inform the Home Visitor if you or your child is ill. If there is a contagious disease in the home, the Home Visitor will conduct home visits once the illness has been resolved.

Cancellations and Rescheduling

If you need to cancel a home visit, you must contact the Home Visitor at least 24 hours before the scheduled home visit. Rescheduling of home visits is based on availability.

If three (3) consecutive home visits are missed or there are a total of four unexcused absences, then you will meet with the Home Visitor and Supervisor to discuss whether the Home-Based program is the best program option to meet your family's needs at this time.

- Parent received a copy of "A Parent's Guide to the Head Start Home-Based Program Option."
- Parent received a copy of the "Parent Pledge."
- Parent watched Home-Based program video on ECLKC (www.eclkc.acf.hhs.gov).

By signing this form, I acknowledge that I am in agreement with the expectations outlined above.

Parent/Guardian Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____