

# FAMILY PARTNERSHIP AGREEMENT

\*\* CONFIDENTIAL \*\*

Relationship to Child:  
 Parent  
 Grandparent  
 Foster Parent  
 Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

FSW: \_\_\_\_\_ Teacher: \_\_\_\_\_ Site: \_\_\_\_\_ Phone: \_\_\_\_\_

## WHAT SPECIAL SKILLS DO YOU HAVE?

- |   |                                    |  |  |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Working with Children      | <input type="checkbox"/> Painting  | <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Sewing                     | <input type="checkbox"/> Writing   | <input type="checkbox"/> Storytelling  | <input type="checkbox"/> Crafts              |
| <input type="checkbox"/> Gardening                  | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Typing        | <input type="checkbox"/> First Aid           |
| <input type="checkbox"/> Playing Musical Instrument | <input type="checkbox"/> Computer  | <input type="checkbox"/> Other _____   |  |

Are you currently:  
 Working \_\_\_\_\_  
(Days and Hours)  
 In School \_\_\_\_\_  
(Days and Hours)  
 Where: \_\_\_\_\_

## HOW WELL ARE YOUR FAMILY'S NEEDS MET ON A CONSISTENT BASIS, MONTH IN AND MONTH OUT?

	Adequate	Somewhat Adequate	Inadequate	Urgent Need	Not Applicable
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat and water/plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to be with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone or access to a phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babysitting or child care for your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys/activities for your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate in community groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing a support system/friends or family to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Do you as a family:</b></p> <input type="checkbox"/> Own housing <input type="checkbox"/> Rent housing <input type="checkbox"/> Section 8/Subsidized   Yes _____   No _____ <input type="checkbox"/> Other _____	<p><b>What type of housing does your family currently live in?</b></p> <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel room <input type="checkbox"/> Homeless/No housing <input type="checkbox"/> Mobile home/trailer <input type="checkbox"/> Community Shelter <input type="checkbox"/> Transitional Housing	<p><b>How long has your family lived at its present address?</b></p> <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> More than 2 years
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<p><b>How many times has your family moved during the last 2 years?</b></p> <input type="checkbox"/> Family has not moved <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<p><b>Has your family ever been homeless during the last 12 months? (Including currently homeless)</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>IF YES, indicate the amount of time spent homeless during the last 12 months:</p> <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-3 Months <input type="checkbox"/> 3-6 Months <input type="checkbox"/> More than 6 months
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**WHAT TRAINING/INFORMATION WOULD YOU BE MOST INTERESTED IN ATTENDING/RECEIVING?**

- Stress Management     Budgeting     Legal     Counseling     Discipline     College
- Domestic Violence     Parenting     GED/HS Diploma     Improve Reading/Writing     Vocational Training     Substance Abuse
- Prenatal     English Speaking Reading (ESL)     Child Development     Job Search Assistance     Immigration/Citizenship

**MANY FAMILIES RECEIVE SERVICES OR FINANCIAL ASSISTANCE FROM ONE OR MORE PROGRAMS OR AGENCIES. DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING TYPES OF SERVICES OR FINANCIAL ASSISTANCE? *Mark all that apply.***

- Medi-Cal (Geographic Managed Care)     TANF / Cal Works     Food Stamps     Supplemental Security Income (SSI)     Unemployment Insurance
- Public Housing Assistance     Energy program assistance     General Assistance     Child Support/Alimony     Alta Regional Center
- Probation     Family Preservation     None of the above     WIC     Other: Specify \_\_\_\_\_

PLEASE IDENTIFY GOALS/ PLANS FOR YOUR FAMILY.	STRATEGIES BY PARENT TO MEET GOALS	TIMETABLE	STAFF RESPONSIBILITY(S) TO ASSIST PARENT IN REACHING GOALS	TIMETABLE
1.				
2.				
3.				
PLEASE IDENTIFY GOALS/PLANS FOR YOURSELF.	STRATEGIES BY PARENT TO MEET GOALS	TIMETABLE	STAFF RESPONSIBILITY(S) TO ASSIST PARENT IN REACHING GOALS	TIMETABLE
1.				
2.				
3.				

**HOW WOULD YOU LIKE TO BE CONTACTED REGARDING THIS INFORMATION?**

- Meeting/Workshop     Written Materials     Information on Community Resources     Classes for Parents     Other     Referral to \_\_\_\_\_

**OVERALL COMMENTS:**

Family Service Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_