

**DOÑA ANA COUNTY HEAD START
Family Services Monitoring**

Date file reviewed: _____ Center: _____ Child: _____

Family Contact: Phone Call _____ Center Visit: _____ Home Visit: _____ How Often: _____

Family Profile Needs Identified Family Interest Survey	When / How Addressed
Emergency / Crisis _____	
Food / Nutrition _____	
Health _____	
Mental Health _____	
Education _____	
Literacy / Adult Education _____	
Employment / Training _____	
Parenting / Family _____	
Community Resources _____	
Family Strengths _____	
Other _____	

Partnership Agreement:	Date Process Started: _____	Date Completed: _____	Set Goals: _____	Interested? Yes ___ No ___
	Letter: _____	_____	_____	
	Home Visit: _____	_____	_____	
	Phone Call: _____	_____	_____	
Follow-up still needed: _____				

