

**Doña Ana County Head Start
Parent, Family, and Community Engagement
Monthly Family Services Report**

Center: _____ **Date:** _____

Submitted By: _____

Services to Families:

- | | | |
|--|--|--|
| <input type="checkbox"/> ___ Application | <input type="checkbox"/> ___ Fam. Part. Agrmt. F/U | <input type="checkbox"/> ___ Parent Reminder |
| <input type="checkbox"/> ___ Application F/U | <input type="checkbox"/> ___ Food | <input type="checkbox"/> ___ PFCE Assessment |
| <input type="checkbox"/> ___ Attendance F/U | <input type="checkbox"/> ___ Health Follow up | <input type="checkbox"/> ___ PFCE Assessment F/U |
| <input type="checkbox"/> ___ Center Visit | <input type="checkbox"/> ___ Home Acty. | <input type="checkbox"/> ___ Phone call |
| <input type="checkbox"/> ___ Community Resources | <input type="checkbox"/> ___ Home Acty. F/U | <input type="checkbox"/> ___ Physical F/U |
| <input type="checkbox"/> ___ Clothing | <input type="checkbox"/> ___ Home visit | <input type="checkbox"/> ___ Referral |
| <input type="checkbox"/> ___ Crisis | <input type="checkbox"/> ___ Hgb/Hct F/U | <input type="checkbox"/> ___ Referral F/U |
| <input type="checkbox"/> ___ Dental F/U | <input type="checkbox"/> ___ Housing | <input type="checkbox"/> ___ Resources |
| <input type="checkbox"/> ___ Enrollment | <input type="checkbox"/> ___ Immunization | <input type="checkbox"/> ___ Transition |
| <input type="checkbox"/> ___ Family Concern | <input type="checkbox"/> ___ Lead F/U | <input type="checkbox"/> ___ Transportation |
| <input type="checkbox"/> ___ Family Concern F/U | <input type="checkbox"/> ___ Legal | <input type="checkbox"/> ___ Work visit |
| <input type="checkbox"/> ___ Fam. Part. Agrmt. | | |
| <input type="checkbox"/> Other: _____ | | |

Further Detail:

Total number of Center Partnership: _____

Other Duties Performed: