

## HOME BASE AGREEMENT OF SUPPORT

Dear \_\_\_\_\_,

We are pleased that you are a part of a unit in our Head Start Home Base Program.

You, as a family, will be one of a very few who has the honor of being in this special program. In fact, without you it would be impossible to have this program.

Because of your importance and the importance of the program, it is necessary to explain carefully what your involvement will mean, both in terms of what you will receive and what will be expected of you:

1. Since Home Base is a family/parent program, your home visitor will work primarily with you, the parent. You will be the teacher of your child(ren.)
2. It is necessary for you to be home for your weekly scheduled appointment and to participate during the 1-½ hour visit.
3. In order to effectively teach your child(ren), you will have to follow through during the week with ideas discussed during the home visit.
4. It will be your responsibility to attend with your child the classroom/group experience held at a central location.
5. You will be expected to attend parent meetings, which are usually held at the same time as the classroom experience.
6. You will agree to have occasional guests accompany your home visitor to observe a visit.

As a parent in the Home Base Program, you will receive the following benefits:

1. A weekly home visit will be made to your home when you and your home visitor share ideas about ways to teach your child(ren.) You have the opportunity of teaching your child(ren) and watching the growth.
2. The program furnishes medical and dental exams, as well as other health screenings and services.
3. You have access to counseling services arranged by the program.
4. You will be able to participate in a variety of learning experiences sponsored by the program such as: food demonstrations, crafts, educational lectures, field trips, classes, etc.
5. You will receive information and assistance in obtaining services from local agencies: supplemental food, food stamps, mental health clinic, and speech therapy.
6. As well as information about education, you will receive information about health and nutrition.

By your signature, your family and the Home Base Program agree to the above statements and devote joint efforts in supporting each other.

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

Home Visitor: \_\_\_\_\_