

UMCHS
DHS Enhanced Contract Families Worksheet

Parent: _____ Date: _____

Case #: _____

DHS Caseworker: _____ Branch: _____

Benefits under the new contract:

Co-pay for Head Start Child: _____ Copay for siblings: _____

Number of child care hours needed per month: _____

Month Contract in effect: _____

Reapplication (renewal) Date: _____

Family Goals to be developed by: _____ UMCHS _____ DHS

Expected frequency of visits:

UMCHS _____

DHS _____

Discussed use of second provider: _____ Parent's Initials _____

Parent agrees to use UMCHS as the sole provider for this child(ren). During times UMCHS is not open, parents may use an Approved Provider. Approved Providers must be CCD Licensed and DHS Listed or DHS Enhanced status and have prior approval of the Child Care Director.

Parent agrees to have child(ren) maintain at least 136 hours of attendance per month. If hours fall below 136 family may lose eligibility for the Enhanced Contract and will need to reapply for ERDC eligibility. _____ Parent's Initials _____

Joint Case Management Notes:

Signatures:

Parents: _____

UMCHS Staff: _____

DHS: _____