

Umatilla Morrow Head Start, Inc.
Document of Refusal

Family Name _____ Date _____

Child and Family Advocate/ Family Advocate _____

Information the family does not wish to provide or participate in (check any that apply):

- Family Partnership Plan
- Goal Planning
- Budget Worksheet
- Medical Exam
- Dental Exam
- Nutrition Assessment
- Neighborhood Clean-up
- Neighborhood Watch program
- Other (please specify) _____

Family Statement

I understand that completion of forms and specific appointments is part of the work that Head Start and Early Head Start staff are required to fulfill. I have been asked and encouraged to provide such information that would aid in the completion of these forms and appointments. However, I do not wish to participate in this process. Please consider my signature below as my decision to refrain from providing the information checked above. I understand my Child and Family Advocate/Family Advocate will continue to review my situation throughout the year to ensure if services are provided when needed.

Parent/Guardian _____ Date _____

Dates Reviewed with Parents

January _____

February _____

March _____

April _____

May _____

June _____

July _____