

UMATILLA MORROW HEAD START, INC. INITIATING A REFUSAL OF SERVICE

POLICY: Parents will participate in opportunities and activities for the enrolled child/ren and themselves to enhance and strengthen the family while reducing risks for individuals in the family. Staff will partners with the family to encourage participation. If a family chooses to not participate in any or all activities, staff will initiate the document of refusal after the first ninety days of services.

PROCEDURE:

1. During the first 90 days of the program year, FA and CFA will meet with families to begin the Family Partnership process. During this period, staff will encourage and promote families to develop strengths, needs and goals, which include children's health needs.
2. When families have identified goals and a plan to meet these goals, staff will assist families to connect to resources. On a regular basis staff will follow up to review and revise the plan as necessary
3. If families are working with other agencies and have a plan in place to address their goals, staff can identify with the family and agencies ways staff can support the family in meeting these goals. How UMCHS staff will support the family will be written into the existing plan and a copy of the plan will be included in the file under Social Service or Health depending on the area of concern.
4. Staff can request consultation or technical assistance from the Intensive Case Management Consultation Team.
5. After the 90 days, families who are unwilling to develop a Family Partnership, does not establish a medical or dental home and/or is unwilling to make medical or dental appointments, or complete a nutrition assessment may choose to sign a refusal statement. This statement will be filed in Social Services or Health section. Staff will document in the progress notes their efforts to assist the family to engage in the Family Partnership process, medical and dental appointments and/or nutrition assessments.
6. Staff will check in with families monthly to discuss strengths, needs and concerns in the family's current situation. Staff will assist family with resources to resolve the situation.

Neighborhood Revitalization

7. After a Neighborhood has been selected the Neighborhood Coordinator will begin the "knock and talk process. During this period, staff will encourage and promote families to develop strengths, needs and goals, and lay the ground work for a neighborhood clean-up and neighborhood watch program.
8. When families have identified goals and a plan to meet these goals, staff will assist families to connect to resources. On a regular basis staff will follow up to review and revise the plan if necessary
9. If families are working with other agencies and have a plan in place to address their goals, staff can identify with the family and agencies ways staff can support the family in meeting these goals. How UMCHS staff will support the family will be written on the Family Partnership Plan goal sheet or incorporated into the written existing plan.

10. After three face to face attempts, in a three time parameter, families who are unwilling to develop a Family Partnership, participate in neighborhood clean-up strategies or participate in the neighborhood watch program may choose to sign a refusal statement. This statement will be filed in the Revitalization notebook under the families face sheet. Staff will document in progress notes their efforts to assist the family to engage in the Neighborhood Revitalization process. The dates will also be documented on the refusal statement.

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
- 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 _____