

UMCHS
DHS Enhanced Contract Families Worksheet

Parent: _____ Date: _____

Case #: _____ Child _____

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: _____

Family Goals to be developed by: _____ UMCHS _____ DHS

Expected frequency of visits:

UMCHS _____

Use of second providers

The Head Start facility has explained the contract and or guidelines of the facility regarding operating hours and has discussed dates and times the facility will be closed, including Spring, Summer and Winter breaks. I understand I must use an approved provider for child care when UMCHS is closed and UMCHS will cover the cost for that specific time. If I choose not to use an approved provider, I understand I will be responsible for the cost of child care. I understand DHS will not pay child care subsidy to any other provider that I use for my child in Head Start.

Parent's Initials _____

Expected attendance

I agree to have child(ren) maintain at least 136 hours of attendance per month. If hours fall below 136, I may lose eligibility for the Enhanced Contract and will need to reapply for ERDC eligibility.

Parent's Initials _____

Normal operating hours for (site) _____ are

Monday through Friday from _____ to _____.

Joint Case Management Notes:

Parent's Signature _____

UMCHS Staff Signature: _____