

Tri-County Head Start/Early Head Start

Expectant Family File Checklist

Pregnant Mother's Name: _____ Drop Date: _____

Estimated Date of Delivery: _____

You MUST sign the Confidentiality of Record Form when viewing a file.

Date of Delivery: _____

Infant transitioned in on: _____

Enrollment Date

_____ 1st year EHS Entry Date
 _____ 2nd year EHS Entry Date
 _____ 3rd year EHS Entry Date
 _____ 4th year EHS Entry Date

_____ 1st year HS Entry Date
 _____ 2nd year HS Entry Date
 _____ 3rd year HS Entry Date

Section 1 – DCF Forms	
	Comprehensive Check List
	Influenza Brochure
	Distracted Adult Brochure – September
	Distracted Adult Brochure – April
	Disciplinary Form
Section 2 – ERSEA	
	Confidentiality of Record Form
	Reapplication (if applicable)
	Eligibility Priority Criteria Form
	ERSEA Verification Form
	Child's Application
	Proof of Categorical Eligibility (Foster Care, Homelessness, Public Assistance)
	Applicant Interview Form
	Proof of Age
	Head Start Eligibility Verification Form
	Acceptance Letter
	3 rd Party Contact Form (if applicable)
	Notarized Signature Authorization Form (if applicable)
	Emergency Information/Release Permission/Changes/Identification
	Missed Visits (if applicable)
	Attendance Plan (if applicable)
	Family Contact Form (if applicable)
	Change of Status (if applicable)
	Home Visiting Agreement
	Child Drop Information (if applicable)
Section 3 – Family Partnership	

Tri-County Head Start/Early Head Start

Expectant Family File Checklist

	Tracking Form
	Family Goal Statement
	Family Partnership Agreement
	Needs Assessment
Section 4 – Medical/Dental/Nutrition	
	Consent to Release Information
	Prenatal History/Nutrition Form
	Progress Notes
	Proof of pregnancy
	Reminder of progress notes
	Dental Exam Follow Up
	Two Week Check Up
	Dental Reminders
	Modified Meal Form (if applicable)
	CCFP Medical Statement (if applicable)
	Doctor's Notes
	Health Care Plan (if applicable)
	Fire Drill/Emergency Drill
Section 5 – Family Development	
	Correspondence with Parents
	Permission to Share Information/Other Permissions
	Referrals & Follow Ups (if applicable)
	Permission for mental health, photo/video, and internet
	Confirmation of Receipt
Section 6 – Mental Health	
	Progress Notes (if applicable)
	Referral
	Observation or Intervention Notes
	Permission of Observe
	MDT Meeting Notes
	Behavioral Incident Reports
Section 7 - Education	
	Prenatal Checklist
	Home Visits

Tri-County Head Start/Early Head Start

Expectant Family File Checklist

Section 8 – Disabilities	
	Progress Notes (if applicable)
	Referral Forms (if applicable)
	Permission for Services
	Other: