

RCMA

Family Partnership Agreement

(1) **Family member's name** Mr., Mrs., Miss, Ms.: _____

(2) **Address** _____

(3) **Phone(s)** _____

(4) **Today's date** _____ **Worker's name** _____

(5) **Other family members involved in Family Partnership process** (Let family decide who they consider family members.)

Name	Age	M	F	Name	Age	M	F
_____				_____			
_____				_____			
_____				_____			

(6) **Major Goal** (in family member's words) _____



(7) **Steps family will take leading to this goal**  **When?** **Progress/Obstacles?** (Note progress or obstacles for each step at next meeting)

a)		
b)		
c)		
d)		
e)		

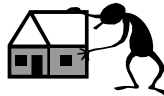
(8) **Steps worker will take leading to this goal**  **When?** **Progress/Obstacles?** (Note progress or obstacles for each step at next meeting)

a)		
b)		
c)		
d)		
e)		



(9) Family strengths and resources
(in family member's words)

(in worker's words)



(10) Concerns
(in family member's words)

(in worker's words)



(11) Services available (include details such as names, addresses, phone numbers, hours open, etc.)

(12) Notes

Family member's signature & date _____

Worker's signature & date _____

Next meeting date & time _____ place _____

IF YOU CAN'T KEEP THIS APPOINTMENT, PLEASE CALL _____

AT TELEPHONE # _____ BY _____ AM PM. THANK YOU!

HOW TO USE THE FAMILY PARTNERSHIP AGREEMENT: Family worker, please ask the family if they want to fill out the form or want you to write. If you write, be sure to use their words. If the family member wants you to do the writing, read out loud what you have written. Ask the family member for any corrections, and make the corrections they request on all the sections except "in the worker's words". Give a copy to the family member, and keep a copy in your file. Each of you should review the form before your next meeting, to make sure you've each taken the steps you agreed on. Begin your next meeting by reviewing the last Plan.