## **Memorandum of Agreement**

Between
Family First Health
And
York/Adams County Early Intervention

This document describes the inter-agency collaboration of effort in support of comprehensive services to first time, high risk families. The goal of all collaborative and partnership efforts is to increase positive outcomes for parents and their children as directed by Family First Health, Nurse-Family Partnership.

Family First Health, Nurse-Family Partnership agrees to provide the following service in conjunction with the York/Adams County Early Intervention:

## Family First Health agrees to:

- Introduce York/Adams County Early Intervention services and offer screenings to all mothers enrolled in the Nurse-Family Partnership program.
- Suggest referral to York/Adams County Early Intervention based on ASQ scores, responses and overall opportunities to practice skills.
- With consent from family, contact York/Adams County Early Intervention staff by phone to refer cases or provide family with contact information to complete referral.
- Hold completed ASQ client chart for reference and as appropriate obtain consent from participating family to disclose screening results to York/Adams County Early Intervention.

## York/Adams County Early Intervention Staff agrees to:

- Provide initial assessments for each individual referred by the partner location, with consent from family.
- Offer assessment services, information, and referrals to families enrolled in Family First Health, Nurse-Family Partnership.
- Provide services at no cost to the families or the partners.
- Follow up with the community partner to communicate number of families receiving services from referrals obtained at Family First Health.
- Maintain communication with the community partner to identify when referred individual no longer eligible or in need of Early Intervention services.

The signatures below indicate a mutual commitment to collaborate in the areas described in this agreement. This agreement remains in effect unless the collaboration commitments change.

Printed name of your organization

me of your organization Date

Signature

Printed Community Partner Name

Community Partner Signature

Date