

Parenting Support Services (PSS)

Service Agreement

(12-20-16)

I accept services with the PSS program and agree to the following:

- Work **weekly** with a Parent Educator assigned by the PSS program for up to **2 hours per week** through program completion.
- Understand that full participation is necessary during home visits to achieve the most benefit for your family.
- Will avoid distractions, including **cell phones, computers, or television during visits.**
- Keep weekly appointments.
- Will call or text in order to reschedule any appointments.

Signature of Parent/Caregiver

Date

Signature of Parent/Caregiver

Date

Signature of Parenting Support Services Parent Educator

Date