SNHS, Inc.

Head Start/Early Head Start

 

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Our records indicate that your family has not had a home visit since \_\_\_\_\_\_\_\_\_\_\_\_\_\_. In order for you and your child to receive the full benefit of the Early Head Start program, visits need to be as consistent as possible. We understand that there will be times when visits are missed. We will make every attempt to work with you if and when that happens.

 I have made several attempts to contact you to discuss this but have been unsuccessful. We would like to continue to work with your family in our home based program but need to hear from you. Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at your earliest convenience to discuss possible solutions such as changing the day and time of the visit to better meet your needs.

Looking forward to hearing from you,

Family Worker