

|               |            |     |      |
|---------------|------------|-----|------|
| Client ID#    |            |     |      |
| Last Name     | First Name | MI  |      |
| Date of Birth |            |     |      |
|               | Month      | Day | Year |

## Healthy Beginnings Empowerment Agreement

*Begin completing with participant within 30 days of enrollment into Healthy Beginnings and review on-going.*

| Participant Empowerment Goals (short-term and/or long-term) |
|---|
| 1.  |
| 2.  |

| Which empowerment goal does the participant want to work on now? |   |                             |
|--|---|-----------------------------|
| Empowerment Goal #   |   |                             |
|  | <b>Actions for Participant to Take:</b> | <b>Participant Progress</b> |
| 1.   |   | 1.                          |
| 2.   |   | 2.                          |
| 3.   |   | 3.                          |
|  | <b>Actions for Staff to Take:</b>       | <b>Staff Progress</b>       |
| 1.   |   | 1.                          |
| 2.   |   | 2.                          |
| 3.   |   | 3.                          |

| Empowerment Goal # |   |                             |
|--------------------|---|-----------------------------|
|                    | <b>Actions for Participant to Take:</b> | <b>Participant Progress</b> |
| 1.                 |   | 1.                          |
| 2.                 |   | 2.                          |
| 3.                 |   | 3.                          |
|                    | <b>Actions for Staff to Take:</b>       | <b>Staff Progress</b>       |
| 1.                 |   | 1.                          |
| 2.                 |   | 2.                          |
| 3.                 |   | 3.                          |

Participant Signature

Healthy Beginnings Staff Signature

Print Name

Print Name

Date

## **Instructions for Healthy Beginnings Empowerment Agreement**

**Purpose:** To help Healthy Beginnings participants create goals and action plans to support positive birth outcomes for participants.

- Instructions:**
1. All Healthy Beginnings participants must begin completing this empowerment agreement within 30 days of enrollment in the program and review on an on-going basis.
  2. Form is to be completed after the Pregnant or Postpartum Healthy Beginnings Assessment form is completed.
  3. Obtain participant's signature, and sign and date at the bottom of the form.
  4. File original (white) form in participant's Healthy Beginnings record.
  5. Yellow copy is to be given to Healthy Beginnings participant.
  6. If duplicate form is not available, photocopies of the form in the respective colors (white or yellow may be used).

**Disposition:** This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina Office of Archives and History, Division of Historical Records.