Client ID#							
Last Name	First Name						MI
Date of Birth							
		Month	Day		Ye	ar	

N.C. Department of Health and Human Services Division of Public Health Women's and Children's Health Section Women's Health Branch, Perinatal Health Unit

Healthy Beginnings Empowerment Agreement

Participant's Empowerment Goals (short-term and/or long-term)						
#1						
#2						
Which empowerment goa	I does the	participant want to work on now?				
Empowerment Goal #1						
Actions for Participant to Take:		Participant Progress	Date Completed			
1.	1.		1.			
2.	2.		2.			
3.	3.		3.			
J.	3.		J			
Actions for Staff to Take:		Staff Progress	Date Completed			
1.	1.	otan i rogioss	1.			
2.	2.		2.			
3.	3.		3.			
Empowerment Goal #2						
Actions for Participant to Take:		Participant Progress	Date Completed			
1.	1.		1.			
2.	2.		2.			
3.	3.		3.			
J.	3.		3.			
Actions for Staff to Take:		Staff Progress	Date Completed			
1.	1.	Otan i Togress	1.			
2.	2.		2.			
3.	3.		3.			
Participant Signature		Healthy Beginnings Staff Signature				
B. W.						
Print Name		Print Name				
		Data				

Instructions for Healthy Beginnings Empowerment Agreement

Purpose:

To help program participants develop action plans to reach their goals supporting healthy birth outcomes and strengthening families.

Instructions:

- 1. Introduce the empowerment agreement to all program participants within 30 days of enrollment in the program. It can be used at any time during the participant's enrollment in the program. A completed empowerment agreement is not required.
- 2. Document one or two short and/or long-term goals on the empowerment agreement, and document specific actions for both the participant and staff to take.
- 3. Obtain participant's signature and sign and date at the bottom of the agreement.
- 4. File white copy in participant's program record and give yellow copy to the participant. If duplicate form is not available, provide participant with a photocopy of the agreement.
- 5. Review actions and document progress towards goals on a monthly basis.

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.