

Memorandum of Understanding
WIC - County Health Department and Head Start

The purpose of this memo of understanding is to set forth the responsibilities of WIC - County Health Department and Head Start in the provision of collaborative nutritional and related services to enrolled children.

RESPONSIBILITIES OF EACH AGENCY:

1. Exchange and share nutritional information on mutual clients for which release of information is obtained.
2. Exchange and share information on training opportunities for staff and clients.
3. Participate in the WIC/Head Start advisory groups.
4. Share information about nutrition and health initiatives.
5. Provide outreach and referrals.
6. Offer combined services for shared families when financially and logistically feasible.

RESPONSIBILITIES OF HEAD START:

1. Cooperate with WIC Interagency Nutrition Education Agreement.
 - a. Develop parent education that meet the need of WIC's second nutrition education opportunity
 - b. Schedule parent education opportunities in advance so WIC is able to offer them in lieu of scheduling a WIC class.
2. Encourage shared families to attend their WIC appointments and classes.
3. Provide feed back when appropriate for shared high risk participants.
4. Share abnormal lead screening results for shared participants

RESPONSIBILITIES OF HEALTH DEPARTMENT:

1. Provide basic data for shared participants that enroll after the beginning of the school year.
2. Upon request provide the TWIST documents called the "participant summary page" and "progress notes" for shared participants determined to be high risk.
3. Work with Head Start to develop parent education opportunities that will meet the needs of shared families and may be used as a WIC second education contact.

This agreement is arranged for the 2011-2012 school year and will be reviewed by each agency and updated annually.

SIGNATURES:

Each agency, by the signature below of its authorized representative, hereby acknowledges that he/she has read this agreement, understands it and agrees to be bound by its terms. This agreement is executed on behalf of WIC program and Head Start through the undersigned representatives on the dates indicated after their signatures.

WIC Coordinator

Date: _____

Head Start Director

Date: _____

Health Department Administrator

Date: _____