

**Eastford Readiness Council**

**Collaboration Policy**

**Interagency Agreements**

The Eastford Readiness Council shall maintain written interagency agreements or contracts with collaborating community agencies that detail the specific responsibilities of each. Interagency agreements shall be evaluated on an annual basis through a review of the past year's activities and parent satisfaction. Evaluation of collaborative agreements that have been found to be unsatisfactory will be reviewed with the agency involved with a written action plan developed to improve the unsatisfactory response.

Families identified as having a need addressed through a community agency shall be referred, if they agree in writing to the referral. Families needing assistance will be provided with an interpreter in discussing their needs and possible referral. All referrals to agencies will ensure and protect the confidentiality for families who request outside services. Families will be asked to complete a survey when a community agency's service has been accessed to measure the process and the service provided.

The following committees or agencies have a current agreement with the Eastford Readiness Initiative for parental access:

Day Kimball Hospital: local healthcare and agencies

Access Agency: tools for employment, job fairs, job placement assistance

Eastford Public Library: local library

Eastford Recreation Commission: local family activities

Northeast District Department of Health: assistance with optimal physical and emotional health, education on health issues, nutrition

EASTCONN: professional development and monitoring of program

United Services: emergency mental and social health

Eastford Food Pantry: supply of necessities for those in need

# **Eastford Readiness Council**

## **Authorization for a Referral to an Outside Agency**

I, \_\_\_\_\_, give the Eastford Readiness Initiative permission to  
Parent/Guardian Name  
make a referral on my behalf to the \_\_\_\_\_.  
Agency

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

## **Outside Agency Referral And Satisfaction Survey**

Dear Family,

You were recently referred to \_\_\_\_\_. In an effort to monitor parents' satisfaction with agencies with which we work, it is requested that you respond to the following questions:

1. Are you satisfied with the way the referral process was handled? \_\_\_Yes \_\_\_No
2. Was confidentiality maintained by our program? \_\_\_Yes \_\_\_No
3. Did the agency you were referred to address your needs?  
\_\_\_Yes \_\_\_No

## **Eastford Readiness Council**

4. If the agency did not satisfactorily address your needs, please identify how you would have liked them to respond.

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5. Please identify any improvements you would like to make in the referral process based on your experience.

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