



**COLLEGE OF SOUTHERN IDAHO**  
**HEAD START/EARLY HEAD START**  
 998 Washington St. N.  
 PO Box 1238  
 Twin Falls, Idaho 83303-1238  
 208-736-0741



I authorize \_\_\_\_\_ to complete home visits during harvest for the following months \_\_\_\_\_.

This authorization is temporary and will not be used as a substitution during regularly scheduled home visits with the parent(s). The home visitor agrees to provide home visits with the assigned substitute by appointment while maintaining contact with the parent(s) via telephone conference if at all possible during harvest months. Once harvest is complete the parent(s) and home visitor will go back to regularly scheduled appointments.

Parent(s) \_\_\_\_\_

Substitute Participant \_\_\_\_\_

Home Visitor \_\_\_\_\_

FE III \_\_\_\_\_