

Check one:

- Agency/Business
- Current H.S. Parent/Guardian
- Former H.S. Parent/Guardian
- Non-Parent
- Sibling to enrolled H.S. child

Enrolled Child(ren) _____

East Missouri Action Agency, Inc. Center _____
 A Community Action Agency Class A B C D E F
 "An Equal Opportunity/Affirmative Action Employer"

DOB: ____/____/____

HEAD START IN-KIND

Father/Father Figure related activity

Volunteer/Donor Name _____ Period ____/____ to ____/____/20____

| DAY/DATE | SAT ____ | | SUN ____ | | MON ____ | | TUE ____ | | WED ____ | | THUR ____ | | FRI ____ | | TOTAL |
|-------------------------|----------|-------|-------------|-------|----------|-------|----------|-------|----------|-------|-----------|-------|----------|-------|--------------|
| TIME | IN/ | # of | IN/ | # of | IN/ | # of | IN/ | # of | IN/ | # of | IN/ | # of | IN/ | # of | |
| | OUT | hours | OUT | hours | OUT | hours | OUT | hours | OUT | hours | OUT | hours | OUT | hours | |
| Class Assistant | | | | | | | | | | | | | | | |
| Home Visit ED SS | | | | | | | | | | | | | | | |
| Kitchen | | | | | | | | | | | | | | | |
| Parent Meeting | | | | | | | | | | | | | | | |
| Policy Council Meeting | | | | | | | | | | | | | | | |
| Staff-Parent Conference | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |
| SPACE | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | |
| | | | | | | | | | | | | | | | |
| OTHER | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | Rate | Qty | |
| Hours/Special Rate | | | | | | | | | | | | | | | |
| AUTOMOBILE | | Qty | | Qty | | Qty | | Qty | | Qty | | Qty | | Qty | TOTAL |
| Mileage | | | | | | | | | | | | | | | |
| MATERIALS | | | | | | | | | | | | | | | |
| Date | Quantity | | Description | | | | | | | | | | | | Value |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Explanation/Comments:

 Date entered _____
 Data entry initials _____

I certify I have provided the above services and/or donations to EMAA Head Start. I understand this is a legal, financial document.

 Volunteer/Donor Signature Date _____
 I verify the above is allowable/reasonable. I understand this is a legal, financial document.

 Supervisor Signature Date _____

 Site Manager Review C.O. Review _____