

Community Action Program, Inc. of Western Indiana

Early Head Start-Head Start Volunteer In-Kind Record

The following donations are hereby recorded as local match to Federal Funds

Teacher/Home Visitor: _____ County _____ Month & Year _____

Signature & Printed Name of Parent/Volunteer	P FM CR	Child's Name or Community Representative Address	DT	INT	DT	INT	DT	INT	DT	INT	Total	CD Value of Material Time/Description	Cash Donations
			CD	HRS	CD	HRS	CD	HRS	CD	HRS			

P - Parent FM - Family Member CR - Community Rep. DT - Date CD - Code Total Volunteer Hours _____

CODES			
HV - Home Visit	LL - Lending Library	CL - Classroom	S - Professional Service
HW - Home Work	FT - Field Trip	MP- Material Prep	DN - Donation
SP - Speech	HE - Health		
OT - Other	A - Application		

Total Home Visits _____

I certify that the above reporting is true and correct:

Signature _____ Date _____