

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS

IN-KIND RECORD—Interagency Meeting

Date _____ Primary family _____ (LAST NAME) _____ Staff initials _____

No. of Reps.* _____ Length of meeting _____ Total in-kind hours _____

	COMMUNITY OR AGENCY REPRESENTATIVE	REPRESENTATIVE'S AGENCY OR RELATIONSHIP	FIRST TIME	CURRENT OR FORMER PARENT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
	Totals			

**Do not include the primary parent(s) or HS/EHS staff in the number.*

HOW TO USE THIS FORM

1. Use this form to document in-kind hours for Interagency team meetings.
2. All members present must sign the form and list their agency's name or their relationship to the primary family.
3. If the member is volunteering for the first time this program year, check the *first time* box.
4. Complete the *Date*, *Primary family*, *Staff initials*, *No. of Interagency Reps.*, *Length of meeting*, *Total in-kind hours*, and *Number of first-time volunteers*.
5. **Do not include** the primary parent(s) or HS/EHS staff when counting the *No. of Interagency Reps*.
6. **Total in-kind hours equals the No. of Interagency Reps. multiplied by the Length of meeting.**

FOR EXAMPLE:

Date 1-13-98 Primary family Mickey Mouse Staff initials JB
(LAST NAME)
 No. of Interagency Reps.* 3 Length of meeting 2 hours Total in-kind hours 6

	COMMUNITY OR AGENCY REPRESENTATIVE	REPRESENTATIVE'S AGENCY OR RELATIONSHIP	FIRST TIME	CURRENT OR FORMER PARENT
1.	Donald Duck	Crisis Network	X	
2.	Clara Mouse	Grandmother		X
3.	James Bond	EHS Family Service Coordinator		
4.	Mother Goose	HS Teacher		
5.	Clark Kent	DSHS	X	
			Totals	
			2	1

*Do not include the primary parent(s) or HS/EHS staff in the number.