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 Staff initials Total in-kind hours		
No. of Reps.*.	Length of meet	ing			
	COMMUNITY OR AGENCY REPRESENTATIVE	REPRESENTATIVE'S AGEN OR RELATIONSHIP		CURRENT OR FORMER PARENT	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
*Do not include	the primary parent(s) or HS/EHS staff in the	number.	Totals		

CCS 9840 (Rev. 10/04) (HS/AD)

Marketing and Public Relations

## **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 Coordin	ator		
4.	Mother Goose	HS Teacher			
5.	Clark Kent	DSHS		X	
*Do not include the primary parent(s) or HS/EHS staff in the number.					1