



Head Start/Early Head Start AT HOME In-Kind



Program Name:

This form may only be used for structured time in the home setting that supports the child's early learning experiences through individualized activities. At Home Activity Description must be completed by classroom staff prior to giving to parent.

Child's Name: _____ Printed Name of Parent/Guardian _____

Homework Alignment with: Teaching Strategies Gold/Lesson Plan/Curriculum (Circle all that apply)
Time must be recorded in **15 minute** increments

At Home Activity 1 Related to child's individual needs			
Description:			
Date	Start Time	End Time	Total Hours
Activity Total Hours			

HOURS X Teacher Assistant Rate = _____

At Home Activity 2 Related to classroom project			
Description:			
Date	Start Time	End Time	Total Hours
Activity Total Hours			

HOURS X Teacher Assistant Rate = _____

I certify that the above educational activities were completed with my child and the hours are accurate.

Parent/Guardian Signature _____

Date _____

Teacher signature of activity approval _____

Date _____

Matching funds must not be from other federal government programs, unless authorized by law. REVISED 2/17/15

If not using this form for this type of In-Kind; the form used MUST have the same information covered in this form.



LSF Head Start/Early Head Start Volunteer (Donated Time In-Kind Contribution Form)
Must be for Activities that support the child's Head Start/Early Head Start experience and supports the curriculum.

Parent/Guardian/General Community Rate is Teacher Assistant Salary/Fringe Rate
 Professional Volunteer (i.e. Speech Language, PT/OT) valued at Salary/Fringe Rate of volunteer.

Program: _____

and the value for the time should be noted in box along with total hours (see example)

Center Name: _____

Please Circle: Head Start or Early Head Start

Please Print (ink only) All Items, Except Signature. PLEASE Check BOX for Parent/Guardian or Professional Volunteer

<i>Printed Name</i>	<i>Address</i>	<i>Signature</i>	<i>Parent or Guardian</i>	<i>Professional Volunteer</i>	<i>Date</i>	<i>Start Time</i>	<i>End Time</i>	<i>Total Hours</i>	<i>Description of Contributed Service</i>
								Total P/G =	
								Total Prof =	

INFORMATION VERIFIED BY CENTER DIRECTOR (SIGNATURE) _____
DATE: _____
FISCAL OFFICE VERIFICATION _____

Signature

 Signature verifies the information as true and accurate

Total Hours Parent/Guardian/Community Total Hours
 X _____ =
 Total Hours Professional =

Volunteers: Time needs to be recorded in 15 minute increments or whole hours.
 Matching Funds must not be from other federal government programs, unless authorized by law.



LSF Head Start – In-kind - Donations

Contribution: Donation/Supplies/Services/Space

Donations of goods and services that support/enhances the Head Start Program

Program Name: Duval Head Start
Center Name:

Head Start or Early Head Start (circle one)

Please print in (INK ONLY) All items, Except Signature

Date of Donation	Description of Donated Goods	Value (\$)	Description of Donated Services	Value (\$)	Description of Donated Space/Rent	Value (\$)	Who Determined the Value

Total Supplies:

Total Services:

Total Space/Rent:

Name of Contributing Organization/Agency/Business/Individual:		Phone#
Address of Contributor:		
Contributor's Name and Signature:		Title:
Verified By Head Start Staff (Name and Title Printed and Signature):		Date:
*Fiscal Staff Verification Signature:		Date:

Matching Funds must not be from other federal government programs, unless authorized by law.

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