

**BIG SANDY AREA COMMUNITY ACTION PROGRAM
HEAD START
230 COURT STREET • PAINTSVILLE, KY 41240
606-789-1600 PHONE • 606-789-5192 Fax
LITERACY EFFORT REQUEST**

DATE: _____

NAME: _____

NAME OF HEADT START CHILD: _____

RELATIONSHIP: _____

HEAD START CENTER: _____

LOCATION OF LITERACY/GED CLASSES: _____

INSTRUCTOR'S NAME _____ DAY/TIME OF CLASS: _____

ASSISTANCE NEEDED: (check all that apply)

_____ TEST FEE _____ DATE _____ AMOUNT _____ LOCATION
test date *fee for test* *where taking test*

_____ EYE EXAM _____ GLASSES ONLY _____ EXAM & GLASSES

_____ BABY SITTING FEE _____ PROJECTED COST PER DAY

_____ MILEAGE _____ PROJECTED MILEAGE PER DAY

_____ HEARING AIDE ASSISTANCE

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

DATE RECIEVED IN DELEGATE OFFICE _____ BY _____

APPROVALS:

DELEGATE DIRECTOR: _____ DATE: _____

QUALITY CONTROL MANAGER: _____

GRANTEE HEAD START DIRECTOR: _____

EXECUTIVE DIRECTOR: _____