

**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
	<i>test date</i>	<i>fee for test</i>	<i>where taking test</i>

_____ EYE EXAM	_____ GLASSES ONLY	_____ EXAM & GLASSES
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_____ BABY SITTING FEE	_____ PROJECTED COST PER DAY
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_____ MILEAGE	_____ PROJECTED MILEAGE PER DAY
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_____ 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: _____