



INC.

HEAD  
START  
PROGRAM

# ULSTER COUNTY COMMUNITY ACTION COMMITTEE,

70 Lindsley Ave., Kingston, N.Y. 12401  
845-338-8750

## RECORD OF IN-KIND

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CENTER: \_\_\_\_\_

**STATUS: (Check as appropriate)**

PARENT: \_\_\_\_\_ FOSTER GRANDPARENT: \_\_\_\_\_ STUDENT INTERN: \_\_\_\_\_  
H.S. STUDENT: \_\_\_\_\_ COMMUNITY VOLUNTEER: \_\_\_\_\_ CPSE THERAPIST: \_\_\_\_\_  
DOCTOR/DENTIST: \_\_\_\_\_ EVALUATIONS: \_\_\_\_\_ PSYCHOLOGIST: \_\_\_\_\_  
PROFESSIONAL (List): \_\_\_\_\_

**DESCRIPTION OF ACTIVITY: (List appropriate in-kind hours underneath dates/activities with a minimum of 15 minutes):**

WEEK ENDING:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
CLASSROOM (include hours minimum of 1/4/hr.)								
HOME VISIT (include hours)								
HOME ACTIVITY (include hours minimum of 1/4/hr.)								
Peer Group								
OTHER (Specify KITCHEN, OFFICE, ETC. (include hours minimum of 1/4 hr.)								

I certify that the above information is correct:

Total \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you** for performing this service and the completion of this record. The time you spent providing in-kind will be credited toward our Community's contribution, which is a funding requirement of the Federal Government.

**OFFICE USE ONLY: (REVISED 8/07)**

TOTAL SERVICE HOURS: \_\_\_\_\_ RATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

TOTAL VISITS: \_\_\_\_\_ RATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_