



Dona Ana County Head Start

Parent Reimbursement Request

Childcare/Transportation Reimbursement for Attendance at
Policy Council Meetings

Date of Meeting: _____

DACHS Center: _____

(Please Print)

Name of Parent/Guardian _____

Child's Name: _____

Mailing Address: _____

(Check will be mailed to above address)

Phone Number: _____

Amount: \$15.00

Parent Signature: _____

Policy Council, Policy Committee, and Parent Committee reimbursement.
Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members 1304.50 (f)

