



Dona Ana County Head Start

Parent Reimbursement Request

Childcare/Transportation Reimbursement for Attendance at
Center Parent Meetings

Date of Meeting: _____

DACHS Center:

(Please Print)

Child's Name: _____

Name of Parent/Guardian		Telephone	
Mailing Address	City	State	Zip Code

(Check will be mailed to this address)

Amount: \$10.00

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)

