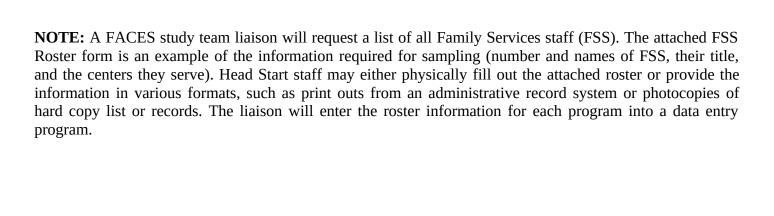
ATTACHMENT 13 HEAD START STAFF (FAMILY SERVICES STAFF) ROSTER FORM



FACES 2014-2018







FACES 2014-2018	
Experiences in Head Start	OSC: [OSC Name]
	OSC Phone: [Phone #]
	Liaison: [Liaison Name]
	Liaison Phone: [Liaison Phone #]
	Liaison Email: [Liaison Email Address]

INSTRUCTIONS:

We would like to know how many family services staff this Head Start program employs, along with their names, titles, and centers served.

Family services staff may include family service workers, family services managers, family services coordinators, and family services assistants. Please include staff that work part-time as well as full-time.

A	В	С
Staff Member Name	Staff Member Title (e.g. Family Services Manager)	Centers Served by Staff Member
1.		
2.		
3.		
4.		
5.		
A	В	С

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0971-0151and it expires XXXXXXXX. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West.

Staff Member Name	Staff Member Title (e.g. Family Services Manager)	Centers Served by Staff Member	
6.			
7.			
8.			
9.			
10.			
10.			
11.			
12.			
*Note, please continue on the back of this form and add additional pages as needed.			
Total number of Family Services Staff			
employed by this program:			