Elkhart and St. Joseph Counties Head Start Consortium

End of the Month Intake Applications Report

Elkhart and St. Joseph Counties Head Start Consortium						
FACS Follow-up and Intake Log New Applications						
Date Received Request	**FACS Initial Call**	**Parents Name**	**Phone #**	**1st Follow Up**	**2nd Follow Up**	**3rd Follow Up**

Follow Up=(F)
Text= (T)
Left Message= (LM)
No Show=(NS)
Referral O.P.E.=(R)
Email= (E)
Complete =(C)

FACS Signature: _____

Submitted Date: _____

Manager Signature: _____

Date: _____

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