
Head Start/Early Head Start Delegate Agency Name

HEALTH SERVICES ADVISORY COUNCIL AND MEMBERSHIP _____
Year

Representative	Name	Organization/Position	Address	Phone Number/Email
Health Services				
Parent				
Policy Council				
Health Coordinator				
Site Staff (Multi-Site)				

Executive/Program Director

Date

Policy Council Member

Date

Board Member

Date

2020 HSAC MEETING SCHEDULE

(At least one meeting scheduled and conducted before June 15, 2020)

<hr/> Delegate Agency Name	
Meeting #	Date