



(RV)

**MIAMI DADE COUNTY
COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START PROGRAM**

RECRUITMENT VERIFICATION FORM

Date: _____

Print Name: _____

Agency Name: _____

Address: _____

Telephone #: _____

- ❖ ___ Post flyers in a strategic location.
- ❖ ___ Share information with other interested persons in the community.
- ❖ ___ Provide space at a community event to share program information.
- ❖ _____

Signature of Community Representative

Thank you.

CAA Staff Signature(s)