



**CHILD FIND & COMMUNITY AWARENESS**

Business/Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Type of Activity: (Check one)

- Booth
- Mailed Information/Brochure
- Phone Call
- Other (Explain) \_\_\_\_\_

*First Steps Provider Name.* \_\_\_\_\_

*Title.* \_\_\_\_\_

*Please fax to (270)746-0729 by the 5<sup>th</sup> of each month.*



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