



**Head Start and Early Learning Division
Mobile Services Reservation
Request Form**



Please use this form to reserve a mobile service

PLEASE NOTE:

- Mobile Service(s) *will not* be reserved/confirmed until form is completed, signed, and received by the Resource Center.
- Once this request form is completed, approved and confirmed, a copy will be returned for your records.
- E-mail completed form to: HS_MobileServices@lacoed.edu. Please call 562-940-1770, if you have any questions.
- Submit a current photo of the event location that clearly depicts/labels where the mobile unit will be parked, including closest entrance and exit.

Mobile Services Requested (*must be 30 calendar days prior to event; please note Mobile Services are only available from 9am-2pm*):

- Hope on Wheels (Inclusive ECE) Hope the Bus (HSEL)

SECTION I: Contact Information

REQUESTOR NAME/TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
NAME OF ASSIGNED STAFF ON-SITE		MOBILE NUMBER
NAME OF MANAGER FOR EMERGENCIES		MOBILE NUMBER
NAME OF DIRECTOR		MOBILE NUMBER
AGENCY NAME		
<input type="checkbox"/> I acknowledge that I have read and understood the GIM for the Mobile Services including requirements for emergency procedures and required training.		

SECTION II: Event Description

EVENT ADDRESS		
EVENT DATE(S)		
ACTIVITY TITLE		
SETUP TIME	EVENT START TIME	EVENT END TIME
NUMBER OF ATTENDEES	ANTICIPATED PARTICIPANT TYPES	
<i>Detailed description of event including how the mobile unit will be used (recruitment/informational, classroom for children, consultation space, assessment space, training, etc.)</i>		
<i>*Mobile units are equipped with a large screen TV, audio/visual equipment, internet access, restrooms, kitchen, sunshade, activity area and supplies [i.e., screening equipment, instructional and assistive technology material(s)].</i>		
PLEASE INDICATE ANY SPECIAL ACCOMMODATIONS, IF APPLICABLE		
<input type="checkbox"/> I acknowledge this location has the minimum of square footage and space parameters (see Mobile Services GIM) needed for parking the unit on location, along with a flat parking surface.		

To Be Completed by LACOE

MOBILE SERVICES ASSIGNED <input type="checkbox"/> IECE <input type="checkbox"/> HSEL		DATE ENTRY HSEL CALENDAR SYSTEM
Assigned Delegate Agency On-Site Staff has completed the operational and services training for Mobile Services.		
WILL HSEL STAFF ATTEND (OTHER THAN DRIVER) <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, NAME OF LEAD HSEL STAFF. IF NO, NAME OF DA STAFF WHO WILL ATTEND TO THE MOBILE UNIT	MOBILE NUMBER
APPROVED BY IECE PROGRAM MANAGER		DATE
APPROVED BY PDE PROGRAM MANAGER		DATE
APPROVED BY COMMUNITY OUTREACH/ERSEA MANAGER		DATE
APPROVED BY BUSINESS OPERATIONS COORDINATOR		DATE
DATE CONFIRMATION SENT TO REQUESTOR	BY	

