

California State Foster Parent Association
Regional - Vice Presidents Quarterly Report
(attach separate sheet if needed)

Region: _____ Regional VP: _____ Chapter # _____

Quarter: _____ Ph # _____ Date: _____

List New Chapters w/Presidents: _____

Change of Chapter Status: _____

List the endeavors or accomplishments you have made in the following areas.
Chapters Contacted: *(list contacts and comments regarding the chapters in your region)*. _____

Regional Meeting *(attach copy of the Agenda & Minutes of Regional Meeting)* _____

List meetings you have attended on behalf of the CSFPA: _____

New Regional Issues *(DSS Update, Foster Parent Issues, Other System Issues, etc.)*. _____

Regional Recommendations to CSFPA: _____

CSFPA 1996 *(office use only)* Date Received _____ Initials: _____