|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child** | **Date** | **Contact Codes\*** | **Activity Codes\*** | **Time Spent**  *(¼ hour)* | **Mileage**  **(***for your records)* | **SUMMARY\*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | TOTALS |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | ***TOTALS*** | **( )** | **( )** |

Case Number:

Case Number:

Case Number:

Date Submitted:

***(Please submit by the 5th day of the month following the month of activity)***

Case Name:

Case Name:

Case Name:

Advocate Name:

Month and Year of Activity:

***(Please complete one sheet for each month)***

**CAPITAL CITY CASA--Advocate Activities**

**\*CONTACT CODES**  \***ACTIVITY CODES \*SUMMARY**

1- Face-to-face 1-Child contacted 8- Attended FST *Summary should include brief* 2- E-mail 2- Biological parents contacted 9- Attended Court hearing *one sentence description of*

3- Phone 3- Relatives contacted 10- CASA Office contacted *interaction.*

4- Written 4 -Foster parents contacted 11- Wrote reports

5- Other 5- Case Manager/GAL contacted 12- Other *(review files)*

6- Collaterals contacted *(schools, counselor, child care, etc.)*