Participant Name: ________________________  Participant ID#__________  Staff Name: ________________________

**Services**

- [ ] Home Visit
- [ ] Clinic Visit
- [ ] Attempt Home Visit
- [ ] Engagement in progress
- [ ] Transportation
- [ ] Letter
- [ ] Unable to Locate
- [ ] Declined Services
- [ ] Phone Call
- [ ] Attempt Phone Call
- [ ] Mental Health Counseling
- [ ] Group: Health  Date Attended __________
- [ ] Group: Family and Community  Date Attended__________
- [ ] Group: Poverty and Social Inequity  Date Attended__________
- [ ] Support Group (WEW)  Date ___________  Number Attended _____
- [ ] Referred to Other Agency
- [ ] Not Selected for Case Management (random selection)  [ ] CLOSED TO CASE MANAGEMENT SERVICES

Enter the Number of Minutes *(either face-to-face or on the phone)* spent with the participant.

**Examples:**
- Enter 60 *(if spent 1 hour)*  
- Enter 75 *(if spent 1 hour, 15 minutes)*

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**Services**

- [ ] Home Visit
- [ ] Clinic Visit
- [ ] Attempt Home Visit
- [ ] Engagement in progress
- [ ] Transportation
- [ ] Letter
- [ ] Unable to Locate
- [ ] Declined Services
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- [ ] Mental Health Counseling
- [ ] Group: Health  Date Attended __________
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- [ ] Referred to Other Agency
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Enter the Number of Minutes *(either face-to-face or on the phone)* spent with the participant.

**Examples:**
- Enter 60 *(if spent 1 hour)*  
- Enter 75 *(if spent 1 hour, 15 minutes)*

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**Services**

- [ ] Home Visit
- [ ] Clinic Visit
- [ ] Attempt Home Visit
- [ ] Engagement in progress
- [ ] Transportation
- [ ] Letter
- [ ] Unable to Locate
- [ ] Declined Services
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- [ ] Attempt Phone Call
- [ ] Mental Health Counseling
- [ ] Group: Health  Date Attended __________
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- [ ] Support Group (WEW)  Date ___________  Number Attended _____
- [ ] Referred to Other Agency
- [ ] Not Selected for Case Management (random selection)  [ ] CLOSED TO CASE MANAGEMENT SERVICES

Enter the Number of Minutes *(either face-to-face or on the phone)* spent with the participant.

**Examples:**
- Enter 60 *(if spent 1 hour)*  
- Enter 75 *(if spent 1 hour, 15 minutes)*

Updated: 12/14/11 (Mental Health Counseling added)
Services (check all that apply):  
☐ Home Visit  ☐ Clinic Visit  ☐ Attempt Home Visit  ☐ Engagement in progress  ☐ Transportation  
☐ Letter  ☐ Unable to Locate  ☐ Declined Services  ☐ Phone Call  ☐ Attempt Phone Call  
☐ Mental Health Counseling  
☐ Group: **Health**  Date Attended ______  ☐ Group: **Family and Community**  Date Attended__________  
☐ Group: **Poverty and Social Inequity**  Date Attended__________  
☐ Support Group (WEW)  Date ____________  Number Attended _____  
☐ Referred to Other Agency  
☐ Not Selected for Case Management (random selection)  ☐ CLOSED TO CASE MANAGEMENT SERVICES  

Enter the Number of Minutes *(either face-to-face or on the phone)* spent with the participant.  
**Examples:**  → Enter 60 *(if spent 1 hour)*  → Enter 75 *(if spent 1 hour, 15 minutes)*