



(CONTACT LOG)

AGENCY NAME _____

(URN)

CONTACT ATTEMPTS

Type of contact attempt:

- Phone Call Letter Face-to-face Home Visit E-mail
- Other: _____

DATE OF ATTEMPT: ___ / ___ / ___ (mm/dd/yyyy) Time of attempt: _____ a.m. / p.m.

Person attempted to reach:

- Client/Out-of-Care individual Alternative Contact 1 Alternative Contact 2

Type of contact attempt:

- Phone Call Letter Face-to-face Home Visit E-mail
- Other: _____

DATE OF ATTEMPT: ___ / ___ / ___ (mm/dd/yyyy) Time of attempt: _____ a.m. / p.m.

Person attempted to reach:

- Client/Out-of-Care individual Alternative Contact 1 Alternative Contact 2

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DATE OF ATTEMPT: ___ / ___ / ___ (mm/dd/yyyy) Time of attempt: _____ a.m. / p.m.

Person attempted to reach:

- Client/Out-of-Care individual Alternative Contact 1 Alternative Contact 2

Employee's Name: _____ (First) _____ (Last)