Family Contact Log

Parent's name_____
Home/Cell phone_____ **Work # & Place**_____
Message #:_____**WIC:** yes ( ) no ( ) **Medicaid:** yes ( ) no ( )
Child'sName/DOB/Concerns:_____
Computer: yes ( ) no ( ) **E-mail Address**:_____

Date	Person Contacted	Type of Contact	Actions
			Best time to call: AM_____ PM_____ Evening _____ Best day and time for a home visit: Day_____ AM_____ PM_____ Evening _____ ARE THERE ANY CUSTODY ISSUES REGARDING YOUR CHILD AT THIS TIME _____Yes _____No DO YOU HAVE DUAL CUSTODY OF YOUR CHILD(REN) _____Yes _____ No **Name and Address of the person(s) you share dual custody with.**

SS – Social Services; PI – Parent Involvement; H – Health; TC – Telephone Call; HV – Home Visits;
OV – Office Visits; N – Notes

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