DOCUMENTATION OF CASEWORKER FACE-TO-FACE CONTACT

Name – Child: _____

Name – County / BMCW Assigned Worker: _____

Name – Designee Making Contact (if other than assigned worker): _____

Designee Telephone Number: _____ Designee E-mail Address: _____

Date of Contact: _____

Start Time: _____

End Time: _____

Name(s) – Participant(s): _____

Category: (select one)
- ☐ Access
- ☐ Adoption
- ☐ Child Welfare
- ☐ Initial Assessment
- ☐ Juvenile Justice
- ☐ Ongoing Services
- ☐ BMCW Safety Services

Type: (select one)
- ☐ Collateral
- ☐ Correspondence
- ☐ Face-to-Face
- ☐ Other
- ☐ Telephone Contact

Location of Face-to-Face Contact: (select one). Use the value of out-of-home care when documenting face-to-face contact in the child's placement: ☐ Court ☐ Home Visit ☐ Not Applicable ☐ Office ☐ Other ☐ Out-of-Home Care ☐ School / Work

Result of the Face-to-Face Contact: ☐ Occurred ☐ Did Not Occur

Narrative:

Attach additional pages as needed.