Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Reporting For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Contacts for the Month:**

Please indicate the total number of contacts with each of the individuals in the categories below for the current month. Reported contacts with child must be face-to-face. All other contacts (service providers, DHS, placement providers, etc) may be via email, phone, etc. This information must be reported to the Oklahoma CASA Association and to VOCA for grant requirements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child****Face-to-Face** | **DHS** | **Service****Providers** | **Parents/****Relatives** | **Placement Providers** | **Legal Staff** | **CASA** **Staff** | **Others** |
|  |  |  |  |  |  |  |  |

\*Total number of face-to-face contacts with each child (one visit with three children present equals three contacts)

**Services Recommended for the Month:**

Please indicate the number, if any, of services recommend on your case during this month. This should be for services recommended for the child or the parents made in-between court dates, such as at a Family Team Meeting, a conversation with DHS, or a visit with a placement provider.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Counseling** | **Educational** | **Medical** | **Permanency** | **Placement** | **Visitation** | **Trauma Based** |
| **C** | **P** | **C** | **P** | **C** | **P** | **C** | **P** | **C** | **P** | **C** | **P** | **C** | **P** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Please note if the services recommendations were for the child-C or parent-P.

Has the child changed schools this month? **YES** or **NO –** If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child experienced a change in placement this month? **YES** or **NO** - If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child experienced a change in professional this month? **YES** or **NO** – If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did CASA provide Victim Compensation/Rights information to any party this month? **YES** or **NO**