

SOCIAL WORKER COMMUNITY OUTREACH LOG

Name: _____

Month: _____

Student Name: _____ Date: _____

Address: _____ Time: _____

Contact Person: _____ Follow Up Needed: Yes No

Outcome: _____

- IDT
- Hospital
- PINS
- Intake
- Home Visit
- Probation
- Consent
- Initial
Medicaid
- Social
History
- Transition
- DSS
-
- Community
Agency
-

CPS

Mental

Signature

Health