**Month/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Volunteer’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please submit one form per case to your CASA Supervisor by the 1st of each month.**

|  |  |
| --- | --- |
| **SERVICE COORDINATION /SERVICE PROVIDERS:** 1. How much time was spent writing court reports? **Hours:** \_\_\_\_\_\_\_\_\_
2. List time spent collaborating with the CASA Supervisor and service providers? Hours**: \_\_\_\_\_**
 | Total # of Service Coord. **Hours:** \_\_\_\_\_ |
| **FAMILY AND INTERAGENCY ADVOCACY:**

|  |  |
| --- | --- |
| **Type of Meeting** | **# Of Hours Spent:**  |
| Family Team Meeting |  |
| School Personnel, IEP  |  |
| Meeting with DFCS  |  |
| Others:  |  |

 | Total # of Family Adv. **Hours:** \_\_\_\_\_ |
| **CHILD CONTACTS/ADVOCACY (for each child):**

|  |  |  |
| --- | --- | --- |
| **Place of Contact** | **# Of Hours Spent:**  | **Was contact Face-to-Face/Phone/Other?** |
| Foster Home/Placement |  |  |
| School |  |  |
| Court |  |  |
| DFCS office |  |  |
| Visitation observation |  |  |

 | Total # of Child **Hours:** \_\_\_\_\_ |
| **LEGAL ADVOCACY:**1. Did this case go to court/panel this month? **(Yes/No)** \_\_\_\_\_\_\_\_\_\_\_\_
 | Total # of Legal Adv. **Hours:** \_\_\_\_\_ |
| **FOLLOW UP CONTACTS / SUPPORT (Meaningful contact with each of the following):**  **Relative Contacts Non-Relative Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship** | **# Of Hours:**  |  | **Relationship** | **# Of Hours:**  |
| Mother |  |  | Foster Parent/Placement |  |
| Father |  |  | Teacher/Daycare Provider |  |
| Non-Placement Relatives |  |  | Therapist/Counselor |  |
| Other: |  |  | Medical professional |  |
|  |  |  | Other: |  |

 | Total # of Follow Up **Hours:** \_\_\_\_\_ |
| **MONTHLY CASE UPDATE:**  |
| **TOTAL HOURS for Month: \_\_\_\_\_\_\_\_ TOTAL MILES for Month: \_\_\_\_\_\_\_\_ TOTAL TRAINING Hours \_\_\_\_\_\_\_\_** |