**C:\Users\JWalden\OneDrive - Hall-Dawson CASA\Connie\Janet\Logos\Color Vertical.tifMonth/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Volunteer’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **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 \_\_\_\_\_\_\_\_** | |