

**\*\*\* DUE ON THE LAST THURSDAY OF EACH MONTH TO FSD \*\*\***

## BASIC INFO

Name of Family Coach: \_\_\_\_\_ Name of Family: \_\_\_\_\_ Date: \_\_\_\_\_  
 Total Volunteer Time: 1  2  3  4  5  hr(s) Total Mileage: \_\_\_\_\_

## DETAILS

### Phone Calls

- Follow up  Reschedule
- No answer
- Disconnected / Busy tone
- CPS update / information
- Voicemail

### Visits

- Intake/Assessment
- Introduction with VFC
- Follow up  Office visit
- Donation drop off
- Parent request to return

### Email/SMS/PC

- Follow up
- Reschedule visit
- Other (specify): \_\_\_\_\_

### Mail

- 30 day letter
- Schedule
- Services
- File closure

Mood at beginning of service:  Calm  Agitated or Emotional  Upset

**CHECK ALL THAT APPLY**

<input type="checkbox"/> No concerns	<input type="checkbox"/> Classes on Referral	<input type="checkbox"/> Education	<input type="checkbox"/> Transportation	<input type="checkbox"/> Mental Status
<input type="checkbox"/> Provided in notes	<input type="checkbox"/> Death in the Family	<input type="checkbox"/> Employment	<input type="checkbox"/> Encouragement/Support	<input type="checkbox"/> Child Care
<input type="checkbox"/> Self-help	<input type="checkbox"/> Health	<input type="checkbox"/> Residence	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Furniture

### **S/H THREAT PROCEDURE (Complete if a family discusses direct harm to self or others.)**

- Yes Offered to contact appropriate officials in regards to situation for family  Family declined \*\*\*
- Yes Conducted phone call with/for family, due to acceptance
- Yes Contacted appropriate resource  911  Ambulance  Crisis Center  CPS

**\*\*\* If the family declines assistance with phone call, immediately discontinue visit, contact appropriate authorities, and notify main office. \*\*\***

### Parenting Classes

Location(s): \_\_\_\_\_  
 Session(s):  I  II  III  IV  
 Completion Date: \_\_\_\_\_

### Anger Management Class

Location(s): \_\_\_\_\_  
 Completion Date(s): \_\_\_\_\_  
 Total # of Times Attended: \_\_\_\_\_

### Other Classes/Workshops

# \_\_\_\_\_  
 # \_\_\_\_\_  
 # \_\_\_\_\_

### RESOURCES & INFORMATION PROVIDED

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Parenting (PH)   | <input type="checkbox"/> Prof. Counseling     | <input type="checkbox"/> Faith Counseling | <input type="checkbox"/> Free Clinic    | <input type="checkbox"/> Outside Agency  |
| <input type="checkbox"/> Just for Daddies | <input type="checkbox"/> Housing Authority    | <input type="checkbox"/> Texas Work Force | <input type="checkbox"/> Hospital       | <input type="checkbox"/> Church          |
| <input type="checkbox"/> Anger (JAM)      | <input type="checkbox"/> Section 8            | <input type="checkbox"/> Job Fairs        | <input type="checkbox"/> MHMR           | <input type="checkbox"/> DHS             |
| <input type="checkbox"/> Mood & Stress    | <input type="checkbox"/> Local Apartments     | <input type="checkbox"/> Temp Agencies    | <input type="checkbox"/> Edu Care       | <input type="checkbox"/> Helping Hands   |
| <input type="checkbox"/> HOPE             | <input type="checkbox"/> Shelters             | <input type="checkbox"/> Labor Hall       | <input type="checkbox"/> Primary Care   | <input type="checkbox"/> Food Pantry     |
| <input type="checkbox"/> VOICE/WINGS      | <input type="checkbox"/> HUD                  | <input type="checkbox"/> Area Jobs        | <input type="checkbox"/> Read Paperwork | <input type="checkbox"/> Child Care      |
| <input type="checkbox"/> Hope Pregnancy   | <input type="checkbox"/> 211/Toll Free Number | <input type="checkbox"/> Nursing Programs | <input type="checkbox"/> Alt. Education | <input type="checkbox"/> Volunteer Sites |
| <input type="checkbox"/> GED Sites        | <input type="checkbox"/> Local Colleges       | <input type="checkbox"/> Legal Service    | <input type="checkbox"/> Victim Service | <input type="checkbox"/> Websites        |
- Specify other resources (if any): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- No Concerns

### DONATIONS PROVIDED

- |   |                                     |   |  |  |
|---|-------------------------------------|---|--|--|
| <input type="checkbox"/> Diapers / Pull ups | <input type="checkbox"/> Baby Food  | <input type="checkbox"/> Bottles / Cups | <input type="checkbox"/> Clothes         | <input type="checkbox"/> Shoes           |
| <input type="checkbox"/> Furniture          | <input type="checkbox"/> Books      | <input type="checkbox"/> Education Act. | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Household Items |
| <input type="checkbox"/> Tokens             | <input type="checkbox"/> Gift Cards | <input type="checkbox"/> Groceries      | <input type="checkbox"/> Hygiene Items   | <input type="checkbox"/> Christmas Gifts |

Mood at end of service:  Calm  Agitated or Emotional  Upset

**DUE DATE** Next phone call: \_\_\_\_\_ @ \_\_\_\_\_ **NO RESPONSE / NO SHOW**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
 Next home visit: \_\_\_\_\_ @ \_\_\_\_\_  Phone Disconnected  Moved  Other: \_\_\_\_\_

**\*\*\* Email to [zjcollins@awarecentraltexas.org](mailto:zjcollins@awarecentraltexas.org) by the last Thursday of each month. \*\*\***

## NOTES