APPENDIX 18

SAMPLE FORM: RESIDENT CONTACT RECORD

RESIDENT NAME OR I.D.
PROJECT NUMBER:
UNIT NUMBER:

DATE:
TIME:
STAFF:

PROGRAM
Old Mutual Help
New Mutual Heip
Rental
Turnkey III

DEVELOPMENT
Project Number_____

TYPE OF CONTACT
Conference
__ by phone
__ in office
(financial)
__ outside office
Home Visit
Assistance Service

TOPICS DISCUSSED
___ Care and Maintenance
___ Social Problems
___ Accounts Receivable
___ Providing Program Information
___ Special Purpose Training
Other _____

NOTES AND OBSERVATIONS:

FOLLOW-UP ACTION: