

**KINSHIP NAVIGATOR PROGRAM**

**CONTACT SUMMARY LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |       | DHS Worker Name |       |
| Referral Date |       | DHS Worker Email |       |
| County |       | DHS Worker Contact Number (Phone/Cell) |       |
| State ID |       |  |  |
| FACS ID |       |  |  |
| Kinship Caregiver Name |       |
| Kinship Caregiver Address |       |
| Kinship Caregiver Phone Number |       |
|  |  |
| Kinship Specialist Name/Author |       |
| Date Contact Log was provided to DHS Worker |       |

|  |  |
| --- | --- |
| Phone contact made with kinship caregiver within two (2) business days after DHS referral. \*\* | [ ]  Yes [ ]  No [ ]  NA  |
| Face to Face contact made with kinship caregiver within five (5) business days after DHS referral. \*\* | [ ]  Yes [ ]  No [ ]  NA |

\*\* Yes or no checked on initial contact summary log. All other contact logs will reflect NA.

# CONTACTS/ATTEMPTED CONTACTS

**Kinship Caregiver Contact or Attempted Contact**

|  |  |
| --- | --- |
| Date |       |
| Location |       |
| Participants Names |  |
| Method of Contact |  |
| Start – End Time |  |
| Service Interventions Provided  | **NCFAS-GR Assessment-****Connection to Resources *(entitlement applications, legal assistance referral, access to health needs) -*****Emotional Support-****Parent Education-****Concrete Supports-****Support Group-****Referral/Resources-****Case Management-** |
| Observed Interactions to Well Being of Child  |  |
| Referrals to Services/Resources  |  |
| Next Steps  |  |

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