

**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 |  |

**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 |  |

**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 |  |

**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 |  |

**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 |  |

**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 |  |

**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 |  |