



Volunteer Monthly Time Form

Volunteer: _____ Date: _____
 Case Number: _____ Case Name: _____
 Total # of Hours: _____ Mileage: _____

CASE CONTACTS FOR THE MONTH: *Please indicate the total number of contacts with each of the individuals in the categories below for the current month. This information is required to be reported to Oklahoma CASA Association.*

In person w/child	DHS	Service Providers	Parents /Relatives	Education	Placement Providers	Legal	CASA Staff	Others

* Total of number of face- to-face contacts with each child (one visit with 3 children present equals 3 contacts)

Services Facilitated FOR THE MONTH: *Please indicate the number, if any, of services facilitated by CASA on your case during this month. This should be for services either for the child or the parents made in between court dates. (i.e. at a Family Team Meeting or through conversations with DHS or placement provider). Please note if the service was for the child-C or the parent-P.*

Counseling	Educational	Medical	Permanency	Placement	Visitation	Services Parent	Services Child	Trauma Based

Has the child changed schools this month? Yes No N/A
 Has the child experienced a change in placement this month? Yes No
 Has the child experienced a change in professional this month? Yes No
 Did CASA provide Victim Compensation/Rights information to any party this month? Yes No

Please submit your monthly time form to your supervisor by the 5th of each month ☺