



KCCTF Family Services Tracking Form

Service/Contact Information

*Date of Activity _____

*Which child was involved? _____

Which caregiver was involved? _____

*Program _____

Note: Refer to the Cabinet/WSU's common measures table for appropriate program name. If unsure, reach out to Cassie Lebrun-Martin (Cassandra.Lebrun-Martin@wichita.edu) for clarification.

Select one or more of the forms of contact/attempts to contact utilized to connect with the family to complete a single, complete interaction. Example 1: staff attempts to call family and leaves a message on voicemail, the family texts back a time to “meet” over Facetime, the staff texts back to confirm, and then they meet as scheduled – “left message/voicemail”, “text”, and “Virtual” would all be checked for this one interaction. **Example 2:** staff attempts to reach family by leaving two voicemail messages and a text message but do not receive a response – one form is submitted with “Left message/voicemail” and “Text” checked for this one outreach/interaction.

*Form(s) of contact (select all that apply)

Note: If unsure how to record the interaction, reach out to Cassie Lebrun-Martin (Cassandra.Lebrun-Martin@wichita.edu) for clarification.

- Phone call
- Left message/voicemail
- Text
- Email
- Virtual (Facetime Skype Zoom etc.)
- Doorstep drop off
- In-person visit (please follow social distancing guidelines)
- Other (please describe)

Other form(s) of contact _____

Select whether contact was made. Contact is made when the family responds to the staff member in some tangible way – a text reply, a return phone call or email, and they either agree to receive some level of service (e.g., agree to receive a doorstep drop off or an in-person visit), or they explicitly decline services at this time. Examples of “unable to contact” include no response to text messages, voicemails, or emails; this may also include some back and forth “phone tag,” attempting to schedule a phone call or virtual visit, but then nothing is ever scheduled or family became unavailable when the scheduled time arrived.

*Was contact made? (select one)

- Yes - and family agreed to receive services (please complete the next section)
- Yes - but caregiver/family declined services at this time
- No - provider was unable to make contact with family

If contact was made and services were requested/provided, complete the following section.

Topics discussed or shared (select all that apply)

- Basic needs
- Child development
- Check-in/general outreach
- Emergency services
- Mental health
- Parent education
- Referral
- Resources
- Other (please describe)

Other topic(s) discussed or shared _____

Resources provided (select all that apply) [note: if responding here, select “resources” in the question above]

- Books/audio books
- Brochure/informational sheet
- Components of curriculum
- Online websites
- Printable activities/games
- Other (please describe)

Other resources provided _____

Was a referral made?

- Yes
- No

Additional notes or comments: