**Supervisor: Advocate: Case: Month Case Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned Case Minimum Expectations of Serv**

**Minimum Expectation of Service - Case Contact Log**

 **Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact with CASA Supervisor** (monthly) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact with CPS worker** (monthly) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact with Attorney ad Litem** (monthly) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact with Caregiver**(monthly) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Visit to Placement;** □ Monthly (0-75 miles) □ 3 months (76-200 miles) □ 6 months (201+ miles) (miles = 1 way from CASA office) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other Contact with Child** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Education: Teachers, School****Counselors, Therapists, Daycare** (min. 1x/3 months) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attended Court Hearing** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Court Report submitted** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Health Passport Verified/Viewed**(CASA Staff enters in optima) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medical Advocacy:** medical providers; obtaining or reviewing reports) (min. 1x/3 months) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Observed Parent/Child or Sibling Visit** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Direct Contact with Parent (phone, text, visit) –** *best practice at least 1x/3 months)* |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact with Parents Attorney** *(min. 1x/3months)* |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact w/Parents Service Providers** (only w/ a signed release) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Transportation Provided** |  |  |  |  |  |  |  |  |  |  |  |  |