

Community Based Assessment Activities Log

Consumer:

Vendor:

LRS Counselor:

Case Number:

NOTE: The activities summary must be completed and included as the last page of the narrative assessment report.

I. INDIVIDUALS CONTACTED:

1. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

Others Present:

Name: Relationship to consumer:

Name: Relationship to consumer:

2. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

Others Present:

Name: Relationship to consumer:

Name: Relationship to consumer:

3. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

Others Present:

Name: Relationship to consumer:

Name: Relationship to consumer:

II. COMMUNITY SITES VISITED:

1. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

2. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

3. Name: Relationship to Consumer:

Date: Type of Contact:

Telephone #: Cellular #:

Meeting Location:

III. OTHER COMMENTS / DOCUMENTATION/CONTACTS:

Completed by:

Title:

Date: