



**Lamont County Regional FDH Program  
Record of Contact**

**Name of Contact:** \_\_\_\_\_

**\*Agency staff must sign and date under each contact.**

<b>Date/Time</b>	<b>Method of Contact</b>	<b>Purpose/Summary of Contact</b>	<b>Individuals Present</b>
	<input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Email		<input type="checkbox"/> Provider <input type="checkbox"/> Parent  Other: _____ Other: _____ Other: _____

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Date/Time</b>	<b>Method of Contact</b>	<b>Purpose/Summary of Contact</b>	<b>Individuals Present</b>
	<input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Email		<input type="checkbox"/> Provider <input type="checkbox"/> Parent  Other: _____ Other: _____ Other: _____

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Date/Time</b>	<b>Method of Contact</b>	<b>Purpose/Summary of Contact</b>	<b>Individuals Present</b>
	<input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Email		<input type="checkbox"/> Provider <input type="checkbox"/> Parent  Other: _____ Other: _____ Other: _____

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_