



CASA of the Bluegrass Monthly Case Report

Month: _____

Case Name (Last Names): _____

CASA's Name: _____

Volunteer Coordinator's Name: _____

Children's Names: _____

Current Placement: _____

*Volunteer Hours: _____ *Mileage: _____ *Continuing Education Hours: _____

Outcome Measurements	Total Number	Code (for coordinator use)
Visits <i>How many times did you visit with the children face-to-face?</i>		C1
Virtual Visits <i>How many times did you visit with the child virtually-zoom/facetime, text, email?</i>		C1
How many times did you refer the child/ren to other services? <i>These include legal, therapeutic, medical, educational, faith-based, assistance, etc.</i>		A4
How many meetings/correspondences did you have with associated parties? <i>This includes foster parents, social workers, attorneys, Foster Care Review, educators, therapists, etc.</i>		B4
How many times did you provide general information regarding the court process? <i>How the court process works, court dates, etc.</i>		A1
Did you help refer or coordinate transportation?		B9
Did you refer to an interpreter service?		B10
Did you notify the family of Victim's Compensation?		A2

*Recommendations	*Number
Court Hearings Attended	
Medical Recommendations Made	
Educational Recommendations Made	
Therapeutic Recommendations Made	
Family Connection Recommendations Made	
Safety Recommendations Made	

Notes- What happened this month, did you visit the parents, any new information?