

Savannah-Chatham County CASA
Monthly Report
428 Bull Street Suite #205
Savannah, GA 31401
Office: (912) 447-8908
Fax: (912) 447-0699

Case Name: _____

CASA: _____

Month _____ Year _____

1. Phone call to family Yes___ No___ Hours___ Minutes___ Miles___

2. Phone call to child Yes___ No___ Hours___ Minutes___ Miles___

3. Phone call to others Yes___ No___ Hours___ Minutes___ Miles___

4. Visited Family Yes___ No___ Hours___ Minutes___ Miles___

5. Visit to child/children Yes___ No___ Hours___ Minutes___ Miles___

6. Contact with caseworker Yes___ No___ Hours___ Minutes___ Miles___

7. Contact with service provider Yes___ No___ Hours___ Minutes___ Miles___

8. Meetings attended Yes___ No___ Hours___ Minutes___ Miles___

9. Supervision with program coordinator Yes___ No___ Hours___ Minutes___ Miles___

10. Interviews with others (specify) Yes___ No___ Hours___ Minutes___ Miles___

11. Court Hearing (specify type) Yes___ No___ Hours___ Minutes___ Miles___

12. Panel Review Yes___ No___ Hours___ Minutes___ Miles___

13. Other activities (specify) Yes___ No___ Hours___ Minutes___ Miles___

Total hours _____ **mileage** _____

14. Results of hearing _____

15. What is the permanency plan?

16. When do you anticipate placement?

17. Is family receiving appropriate services? Yes _____ No _____

18. What additional services are needed?

19. Are the parents complying with case plan?

20. Case update:
