



Cribs For Kids Recipient Follow-Up Attempted Form



STAFF: Please fill out this form if you are unable to reach a parent to complete the follow after 3 attempts. Using the information from the Intake Survey, please fill out Section I. Below, staff should fill in Section II. Thank you!

Section I. Caregiver Information (Fill out using information from Intake Survey.)

Date:	Parent/Caregiver Name:
Zip Code:	Parent/Caregiver Birth Date: (mm/dd/yyyy) ____/____/____

Section II. Attempts to Contact Caregiver

Attempt 1:

Date: _____ (mm/dd/yy)

Method of Contact:

- ☐ Call
☐ In-Person (i.e. Attempted scheduled appointment or home visit)
☐ In-Person (i.e. Attempted unscheduled appointment or home visit)

Result:

- ☐ Left voicemail
☐ Left message with a person
☐ Left note or letter

Attempt 2:

Date: _____ (mm/dd/yy)

Method of Contact:

- ☐ Call
☐ In-Person (i.e. Attempted scheduled appointment or home visit)
☐ In-Person (i.e. Attempted unscheduled appointment or home visit)

Result:

- ☐ Left voicemail
☐ Left message with a person
☐ Left note or letter

Attempt 3:

Date: _____ (mm/dd/yy)

Method of Contact:

- ☐ Call
☐ In-Person (i.e. Attempted scheduled appointment or home visit)
☐ In-Person (i.e. Attempted unscheduled appointment or home visit)

Result:

- ☐ Left voicemail
☐ Left message with a person
☐ Left note or letter



Have the Parent/Caregiver fill out this form 2-3 weeks after receiving the Pack-N-Play. The Staff Facilitator will then enter the data into an electronic form online within 2-3 weeks after the crib distribution. KS 11-03-14