

## Contact Log

Youth/Young Adult's Name: \_\_\_\_\_

Youth Peer Support Specialist Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for meeting:

Case Management Meeting

Scheduled Meeting

Drop-in/Wellness Center Meeting

Other (specify) \_\_\_\_\_

Youth/Young Adult's Disposition:

Were All Concerns Addressed?:

Questions for Operations Coordinator:

Additional Resources Needed for Youth/Young Adult:

Additional Comments about Meeting/Contact: