

CARE TEAM FAMILY CONTACT TRACKER

Soldier _____ Unit _____

PNOK _____ Phone # _____

0-6 Hours after notification Initial assessment of needs by Go Team

Go Team Members _____

Time: Arrival at Home _____

Notes _____

6-24 Hours after Notification Assistance begins by Care Team

Care Team Members _____

Time: Arrival of First Team Members to Home _____

Notes _____

24-72 Hours After Notification Continued Assistance

Notes _____

72+ Hours After Notification As Needed Assistance

Notes _____

1 Week After Notification Contact Family by Phone

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____

2 Weeks After Notification Contact Family by Phone

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____

1 Month After Notification

Contact Family by Phone

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____

6 Weeks After Notification

Contact Family by Phone

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____

3 Months After Notification

Contact Family

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____

6 Months After Notification

Contact Family

Person Making Contact _____

Date Contact Made _____

Notes from Contact _____
