

Must be filled out after each contact—mailed, faxed, or placed in mailbox of Pastor of Community Life.
Retain one copy for yourself-adhering to strict confidentiality.

Date: _____ Time _____ Length of Contact _____

CCT Member(s) making call _____

Care Receiver Name: _____

- Celebration
- Fusion
- Watershed
- Neighbors Plus
- Children
- Youth
- Other—please explain _____

Purpose of Contact (ex. Death, birth, divorce, Communion etc.):

- Type of Contact:
- Personal Visit (home, hospital, lunch, etc)
 - Phone Call
 - Card
 - Sunday Worship connection
 - Other—please explain _____

Is a personal Pastoral Contact required/desired?

Do you need follow-up?

Contact: Pastor Mary Dewitt, 928-0309, or maryd@harderwyk.com.