

## SVDP Monthly Service Summary

TIME COVERED: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MEMBER NAME \_\_\_\_\_

	Type of Assistance	# of Cases	Number of Persons		Time (Hrs) *	Miles	# of Cases not helped due to lack of funds	# of Cases Denied	# of Cases w/Referrals only	# of Cases helped with Vouchers	# of Casas w/Bills Paid
			Adults	Children							
A	Cases managed by Face to Face Visits										
B	Cases managed by phone only										
C	Unreachable										
1	Prison Visits										
2	Hospital Visits										
3	Eldercare Visit										
4	Other Visits (Spiritual Aid/Sacraments, funerals, etc)										
<b>TOTAL CLIENT SERVICE TIME (Hrs) *=-</b>											

\* CharityTracker, Client's Calls, Consultations for cases, Driving time on visits

Note: Only one member can take credit for a visit, but both can take credit for time spent.

	Time (Hrs)	Miles
<b>D TOTAL TIME &amp; MILES OTHER SERVICES</b> (meetings, driving, clericals, training, fund raising, record keeping)		

**TOTAL OF MILES DRIVEN**

	# of Visits	Value (\$)	Description
In Kind (at no cost for Conference, food, furniture, clothing, other)			