

|  |  |  |
| --- | --- | --- |
| **CASA Advocate :** | **Month:**  | **Year:** |
| Total Hours for Month:  | Total Miles for Month: |
| **I hereby certify that the following information is a true statement of IN KIND hours and/or goods received.**Advocate Signature: Date: |

FORM A-F

**Please complete & submit DURING THE FIRST WEEK OF THE MONTH. For additional space in any Section please submit additional pages with the Section # Identified.**

**Section A (data from Form C-F)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case #1 | Hrs: | Miles: |  | Case #3 | Hrs: | Miles: |
| Case #2 | Hrs: | Miles: |

**Section B**

1. **Advocate Meetings & Continuing Education (Current month only!)**

|  |  |  |
| --- | --- | --- |
| **DATE** | **Hours & Miles** |  **EVENT**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**2. Other Activities (Volunteer for Training, Fundraisers, Office Help or Other)**

|  |  |  |
| --- | --- | --- |
| **DATE** | **Hours & Miles** | **Activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**3. Donations (money spent on child for meals, school supplies, activities, etc.) (gifts to CASA of funds, items, equipment, etc.)**

|  |  |  |
| --- | --- | --- |
| **DATE** | **Value** | **List Items** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

Office use only

Date Entered in CASA Tracker \_\_\_\_\_\_\_\_\_\_\_by \_\_\_\_\_\_\_\_ Date Entered in Data Sheet (SA) \_\_\_\_\_\_\_\_\_

I hereby certify that the following information is a true statement of IN KIND hours and/or goods received.

Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_