



CASA/GAL MONTHLY UPDATE

Due the 5th of Every Month

373 S. High Street, 15th Floor ▪ Columbus, Ohio 43215

▪ Main Line (614) 525-7450 ▪ fax (614) 525-5070

casa@casacolumbus.org

Please call your Staff attorney or Case manager if you need help completing this form.



Comment [t1]: Throughout your Monthly Update, be objective in your language. You CAN include proper names of parents, foster parents, etc.

Comment [t2]: It is important to remember that your Monthly Update is due on the 5th of each month for the previous month.

Today's Date:

Report Month:

Comment [t3]: This space is ONLY for the reporting month.

CASA/GAL Name:

Next Court Date:

Staff Attorney:

Time:

Case Name:

Type of Hearing:

Comment [t4]: In these spaces, you will simply fill in the information. It is important that all of the information is filled in and accurate.

Face to face visit with child/ren?

Yes List only dates/name of child/ren:

No Why?

Caseworker name and phone number:

Contact with Caseworker?

Yes

No Why?

Agency recommendation for next court hearing:

Comment [t5]: In this space, you will simply fill in the information, making sure you use dates and names. It is important that all of the information is filled in and accurate.

Placement of Child/ren

Name of current caregiver for child/ren:

Address/phone number of current caregiver:

Relationship to the child/ren:

Comment [t6]: In this space, you will simply fill in the information. Addresses and phone numbers are very important. It is important that all of the information is filled in and accurate.

Did the child/ren's address change at all for the reporting month? (i.e., respite, hospitalization, placement change, etc.)

Yes Date/child name/where the child went:

No

Comment [t7]: You will fill in this space ONLY if the child/ren had any kind of address change. Otherwise, check "NO".

Are the parent/s and child/ren living together?

Yes Describe their interaction:

No If there are scheduled visits, give dates and, if observed, give details of the visit:

Comment [t8]: Please fill this in ONLY if the parents and children are living together and provide detailed interactions if so. If not, check "NO".

Child/ren Case Information

(Discuss the case information with child/ren, Caseworker and all pertinent parties)

Are the basic needs of the child/ren being met? Explain.

Interview and wishes of the child/ren:

Additional information:

Comment [t9]: In this space, you will simply fill in the information, making sure you use dates and names. It is important that all of the information is filled in and accurate.

Developmental/School Status pertaining to the Child/ren

Ages and stages (if applicable):
Name of school (if applicable):
Attendance:

Number of school moves:
Does the child/ren have an IEP?
Mental Health Services/Counseling:

Comment [t10]: In this space, you will simply fill in the information, making sure you use dates and names. It is important that all of the information is filled in and accurate. This information only pertains to the children. If there is more than one child, document information separately.

Case Plan Progress pertaining to the Parents

Housing:
Employment:
Substance abuse:

Domestic Violence:
Parenting:
Mental Health Services/Counseling:

Comment [t11]: In this space, you will simply fill in the information, making sure you use dates and names. It is important that all of the information is filled in and accurate. This pertains to the PARENTS only. You will not list any kinship or foster parent information.

Volunteer Activities Form

Volunteer Name: _____ Report for Month of: _____

Comment [t12]: Fill in your name and only the reporting month.

Volunteer Activities			
Date(s) of Activity	Type of Activity	Time Spent (to .25 hour)	Miles Driven
	Child Visit		
	Child/Parent Visit Observation		
	Contact with Caseworker/Agency		
	Wrote Reports/Other Documentation		
	Contact with CASA Supervisor		
	Attended Hearing		
	Attended SAR/Meeting		
	Contact with Biological parents		
	Contact with Foster parents/Relatives		
	Reviewed Records		
	Other (Be Specific)		
	Other (Be Specific)		
	Other (Be Specific)		
	Other (Be Specific)		

Comment [t13]: The "Type of Activity" is already filled in. Select the appropriate activity for the month and fill in the date and time spent. ALL of your hours count for CASA. We need to track your hours and mileage for specific grants, so give us all you've got ☺

*Note that NOT all activities listed will be applicable each and every month. ONLY fill in the blanks if you completed the listed activity during the reporting month.

Did you earn In-Service hours this month?

Yes Give date and describe event: _____

No _____

Comment [t14]: List any in-service hours for the reporting month and please describe the event.

Volunteer Signature Required:

Date: _____

Comment [t15]: Sign and date.

Can be typed if submitted electronically

**◆ Please see next page for Mileage Reimbursement ◆
(only if you wish to be reimbursed)**


Mileage Reimbursement

Comment [t16]: If you wish to be reimbursed, fill in this sheet completely. Also, pull out your calculator and do the math with the totals after the arrow. (e.g., Total # of miles= 45. (45 x 0.14= \$6.30))

Volunteer Name: _____

Mailing Address: _____

(Please do calculations and total at the bottom)

Date	Address/Location	Number of Miles driven	Number of Miles driven X .14
5/1/2012	-----	45	6.30
			Total \$ 6.30

Supervisor: _____