
TOOLS

Sample Organizing Contact Sheet

Name: _____ Visit Type: _____
Address _____ City _____
State _____ Zip _____ Address Confirmed: BAD/GOOD
Home Phone _____ Cell Phone _____
Email _____

Gender: _____ Race/Ethnicity: _____
Age: _____ Language: _____
Job Title _____ Work Location _____
Days/Shift _____ Days Off _____ FT/PT/Temp _____
Co-workers _____

NOTES:

Referrals _____

Assessment Rating _____ Potential Leader? _____ Assignment? Y N

Assignments/Followup _____

Organizer: _____
(Fill out only when assessed)

Date: _____