Total Hours: _____

MMP: Young Parent Program
Contact Record

Complete an entry for each contact with your protégé and turn the forms in directly to a staff member monthly. If no hours were recorded for the month, forms still need to be turned in listing no hours and stating the reason why contact has not been made. Forms may be turned in at a meeting, or at our office the week prior to the meeting in person, by e-mail, mail or fax. Program participants earn $50 in Mommy Money or Daddy Dollars for each hour spent with their mentor if the form is turned in within one month of the date of the entry. If the form is turned in between one and two months of the date of the entry, participants will receive $25. Participants will receive $0 for forms turned in more than two months after the date of entry.

Mentor: _____ Protégé: _____

Contact date: _____/_____/_____

Contact hours: _____

Contact initiated by:

☐ Mentor	☐ Protégé

Location/means of contact:

☐ Individual activity	☐ Phone call
☐ Group activity	☐ Health clinic visit

Check all topics that were addressed:

☐ Housing/Utilities	☐ Communication	☐ Health care	☐ Prenatal care	☐ Childcare
☐ Clothing	☐ Food/Nutrition	☐ Abuse/Neglect	☐ Labor/Delivery	☐ Child development
☐ Transportation	☐ School	☐ Budgeting	☐ Postnatal care	☐ Birth control
☐ Employment	☐ Emotion/Feelings	☐ Substance abuse	☐ Other _____	

Describe the activity and give comments:_____

_____

_____

Contact date: _____/_____/_____

Contact hours: _____

Contact initiated by:

☐ Mentor	☐ Protégé

Location/means of contact:

☐ Individual activity	☐ Phone call
☐ Group activity	☐ Health clinic visit

Check all topics that were addressed:

☐ Housing/Utilities	☐ Communication	☐ Health care	☐ Prenatal care	☐ Childcare
☐ Clothing	☐ Food/Nutrition	☐ Abuse/Neglect	☐ Labor/Delivery	☐ Child development
☐ Transportation	☐ School	☐ Budgeting	☐ Postnatal care	☐ Birth control
☐ Employment	☐ Emotion/Feelings	☐ Substance abuse	☐ Other _____	

Describe the activity and give comments:_____

_____

_____

Contact date: _____/_____/_____

Contact hours: _____

Contact initiated by:

☐ Mentor	☐ Protégé

Location/means of contact:

☐ Individual activity	☐ Phone call
☐ Group activity	☐ Health clinic visit

Check all topics that were addressed:

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☐ Clothing	☐ Food/Nutrition	☐ Abuse/Neglect	☐ Labor/Delivery	☐ Child development
☐ Transportation	☐ School	☐ Budgeting	☐ Postnatal care	☐ Birth control
☐ Employment	☐ Emotion/Feelings	☐ Substance abuse	☐ Other _____	

Describe the activity and give comments:_____

_____

_____