

PROJECT #

OMB NO. 0930-0270
Expiration Date 01/31/2012

Weekly Tally Sheet Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish (3 digit FIPS code)

Provider Number

Week beginning MM/DD/YYYY

Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBERS DISTRIBUTED							
	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
In-person brief educational or supportive contact	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Telephone contact	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
E-mail contact	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Material handed to people with no or minimal interaction	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Material mailed to people's homes and/or left at a person's home	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Material left in public places	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Community networking and coalition building	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Note: If the number is zero, the field may be left blank.

Reviewer Name

Signature

Date of Review

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per weekly tally sheet, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

INSTRUCTIONS:
WEEKLY TALLY SHEET
BRIEF EDUCATIONAL AND SUPPORTIVE SERVICES (NOT ELSEWHERE INCLUDED)

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When to Use This Form:

1. This sheet is intended to capture all of the contacts you have had for a particular week AND they have not been captured on any other form.
 - a. In other words, if you have completed an Individual Crisis Counseling Services Encounter Log for someone, or if you have counted someone as a participant on the Group Encounter Log, you will not count them here.

NUMBER OF CONTACTS OR NUMBER DISTRIBUTED - For each day of the week, fill in the total number of contacts for each of the following types:

IN-PERSON BRIEF EDUCATIONAL OR SUPPORTIVE CONTACT - This is the number of brief contacts with individuals, or groups of individuals, that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

TELEPHONE CONTACT - This is the number of brief telephone contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

EMAIL CONTACT - This is the number of brief email contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

MATERIAL HANDED TO PEOPLE WITH NO OR MINIMAL INTERACTION - How many materials were distributed by handing them out to people with no or minimal contact?

MATERIAL MAILED TO PEOPLE'S HOMES AND/OR LEFT AT A PERSON'S HOME - How many materials were mailed to people's homes and/or left at at person's home?

MATERIAL LEFT IN PUBLIC PLACES - How many materials were left in public places?

COMMUNITY NETWORKING AND COALITION BUILDING - How many people did you come into contact with for the purpose of networking within the community or building local coalitions?

STOP! Please submit the completed form to the designated person in your agency who will review and sign the form.
Thanks for taking the time to complete this form accurately and completely!