

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/YYYYEmployee 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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Telephone contact	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
E-mail contact	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Material handed to people with no or minimal interaction	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Material mailed to people's homes	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Material left in public places	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Community networking and coalition building	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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