Form 24 – Retention Worksheet

Comments	- Affix label here-
	Member ID: __ __ __ - __ __ __ - __
	First Name _____ M.I. _____
	Last Name _____

FOLLOW-UP CONTACTS

Contact Date (m/d/y)	Staff ID	Contact Type	Reason for Problem* (Check All That Apply)			Participation Level	Continue Contacts?		Data Entry Initial/ Date
		1 = Phone 2 = Mail 8 = Other	Personal / Family	Travel / Scheduling	Other	0 = None 1 = Low 2 = Full	0 = No 1 = Yes →	Recontact Date (m/d/y)	
			☐ 1	☐ 2	☐ 8				
Contact Note:									
			☐ 1	☐ 2	☐ 8				
Contact Note:									
			☐ 1	☐ 2	☐ 8				
Contact Note:									
			☐ 1	☐ 2	☐ 8				
Contact Note:									

* Reason for Problem: 1 = Personal/Family issues, 2 = Travel/Scheduling problems, 8 = Other

Note: If participation status has changed when retention activities have ended, complete *Form 9 – Participation Status.*