

CASA/GAL MONTHLY HOURS

This information is being collected for the purpose of funding and data collecting.
Please be as accurate as possible and submit the form on time, the first week of every month.
Submit form to Mary Bohnett - mbohne@co.lucas.oh.us

NAME: _____

MONTH & YEAR: _____



DATE	ACTIVITY TYPE Visit, Hearing, Phone Call, etc.	WITH WHO? Child, CW, Parent, etc.	CASE #	TIME SPENT

TOTAL HOURS _____

CASA/GAL Signature _____

We appreciate you and all you do for this program and the families that we serve!
If you have any questions, please call the office and ask for a CASA Coach.

CASA Coaches: Aislynn Ward, Breanne Vincent, and Mary Bohnett
CASACoaches@co.lucas.oh.us