

**Northwest CASA HOTLINE I & R AND INSTITUTIONAL ADVOCACY FORM**  
**(To be used only if responding to a hotline call)**

Staff/Volunteer Name \_\_\_\_\_ Date: \_\_\_\_\_

Hours of Service Provided (in .25 increments)

\_\_\_\_\_ Information and Referral

\_\_\_\_\_ Institutional Advocacy

NOTE: If individual is a current or former client of Northwest CASA, place a copy of this completed form in client's file

Caller's Name: _____		Client ID # _____	
Address: _____		County: _____	
Agency: _____			
Town: _____	Township: _____		Zip: _____
*Referred from: _____		*Referred to: _____	

**SUMMARY OF CONTACT (Include Plan for Follow-up, if Applies):**

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Do you have any current safety concerns?  Yes  No (If yes, document safety plan)

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Signature Staff/Volunteer \_\_\_\_\_

Date \_\_\_\_\_

\* See Reference Chart for Choices  
Crisis Intervention