

# Mentor Call Form

For month ending: \_\_\_\_\_

*This form should be completed for each mentor contact and provided to the FOCUS Coordination Team no later than the last day of each month. Please print clearly and write complete sentences. Attach additional pages if needed. Complete all parts of this form. Begin by reading the State of Informed Consent.*

## **Statement of Informed Consent:**

"The following information is provided for you to decide whether you wish to participate in this mentoring session. As a mentor of the FOCUS Program, I appreciate your confidence in speaking to me about your concern. I must inform you that the FOCUS Program is documenting all mentor contacts to provide data on viewpoints and perspective of foster and adoptive families.

Your name will be kept confidential between me and the program staff. Data collected through the FOCUS Program helps us identify strengths and weaknesses within our child welfare system and advocate for positive changes.

If you feel uncomfortable giving your name, I'll take out all information that will identify you and your family. You may refuse to participate. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw, it will not affect your relationship with DFCS or the services it may provide to you."

Do you agree:        \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Name of Family: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many contacts did you have with this family for the month? \_\_\_\_\_

Estimated time spent mentoring this family for the month: \_\_\_\_\_

Briefly describe the family's concern or issue:

As a mentor what information or suggestions did you offer the family?

If known, what was the outcome of the call? (Please provide a follow-up call to the family to ensure that the concern has been resolved or to identify the next step.)

Form completed by (name, address, phone): \_\_\_\_\_

***Please provide the original Call Form to the Coordination Team; keep a copy for your records. ALL information is confidential and for data collection use only.***