

	- Affix label here- Member ID: ____ - ____ - ____ - ____ First Name _____ M.I. ____ Last Name _____
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1. Date of Contact: - - (M/D/Y)

2. Completed By: -

3. Contact Type:

- ₁ Phone
- ₂ Mail
- ₃ Visit
- ₈ Other, _____

4. Status

- ₁ Consent Signed
- ₂ Consent refused
- ₃ No response to contact attempts
- ₄ Not approached, reason: _____