

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

2. Completed By:            - \_\_\_\_\_

3. Contact Type:

- <sub>1</sub> Phone
- <sub>2</sub> Mail
- <sub>3</sub> Visit
- <sub>8</sub> Other, \_\_\_\_\_

4. Status

- <sub>1</sub> Consent Signed
- <sub>2</sub> Consent refused
- <sub>3</sub> No response to contact attempts
- <sub>4</sub> Not approached, reason: \_\_\_\_\_