State of Tennessee

Department of Intellectual and Developmental Disabilities
Case Management Contact Log

Name: _____ Social Security Number: _____

Running Log for the month/year of:

Date	Type	Outcome/Information Gathered/Comments

_____ _____ _____

Print Case Manager's Name | Case Manager's Signature | Case Manager's Initials

Type: FF = Face to Face; HV = Home Visit TC =Telephone Call; ML= Mailed Letter or Information; FL= Faxed Letter or Information; EM = E-mail; MISC = Miscellaneous

DIDD-0633