Monthly/Quarterly Worksheet

Month: _____ **Year:** _____

Total Contacts:	
Email (Sent/Received)	
Phone	
In-person	
Regular Mail	
Fax	

Contacts by:			
Spouse		Command Support Team	
Parent/Family Member		Senior Leadership Spouse	
Legal Guardian		Chaplain	
Service Member		FFSC Ombudsman Coord.	
Fiancée		Other	
Significant Other			

Type of Contacts	Total Contacts	Time Spent *(1.3 hrs = 1 hr 30 min)*
Childbirth		
Childcare		
Deployment		
Education		
Emergency (ARC, NMCRS, Accidents)		
Employment		
Family Readiness Group (FRG)		
Financial		
Housing		
Individual Augmentee (IA) Issues		
Information and Referral		
Legal Issues		
Media/Public Affairs		
Pets/Veterinarian		
PSD (ID Cards)		
Relocation/Sponsor		
Reportables (Abuse, Suicide, Homicide)		
Transportation Issues		
TRICARE/DENTAL/DEERS		
Other		
Pay		
Newsletters		
Total		

Other	Total Contacts	Time Spent
Number of Meetings Attended		
Number of Presentations Given		
Number of Trainings Attended		