MONTHLY ACCOUNTING OF ACTIVITIES REPORT (Health Check)

County Name: _____ Month_____ Year_____

Coordinator: _____ Phone Number: _____

COORDINATOR TIME:

1. ____ Total number of weekdays (M-F) for the month
2. ____ Number of hours in your work day
3. ____ Total number of hours for the month (multiply line 1 X line 2)
4. ____ Total number of hours taken off for holidays and leave
5. ____ Total hours actually worked (subtract line 4 from line 3)

COORDINATOR ACTIVITIES:

I. CLIENT SERVICES CATEGORY	TOTAL HOURS	
6. Client Contact, *please list # below and indicate hrs:*	**6.**	
# of Contacts: *Type of Client Contact:* 6a. _____ Letters 6b. _____ ER Phone Calls 6c. _____ Delinquent/Missed Exam Calls 6d. _____ New Member Calls 6e. _____ All Other Phone Calls 6f. _____ Home Visits 6g. _____ Direct Contacts 6h. _____ Other* Contacts (*Complete 6j*) 6i _____ Total Contacts *6j. Describe:		
7. Other Client-Related Activities, *please check activities & indicate hrs:*	**7.**	
7a. _____ Hrs Client Advocacy and Referrals 7b. _____ Hrs AINS/Ad hoc Reports 7c. _____ Hrs Charting Client Contacts 7d. _____ _____Hrs Other* Complete 7e *7e. Describe:		
8. Subtotal of Client Activities (lines 6+7)	**8.**	
	Health Check	**Health Choice**
9. Provider Outreach	**9a.**	**9b.**
10. Community/Client Outreach	**10a.**	**10b.**
11. Subtotal of Outreach Activities (lines 9+10)	**11a.**	**11b.**

III. OTHER CATEGORY	TOTAL HOURS
12. Non-Client Related Activities, please indicate hrs & check activities:	**12.**
12a. _____ Hrs MAAR 12b. _____ Hrs Program Related Meetings/Training 12c. _____ Hrs Site Visit & Prep 12d. _____ Hrs Other * Complete 12e *12e. Describe:	
13. Non-Program Related Activities, please indicate hrs & check activities:	**13.**
13a. _____ Hrs Non-related Meetings/Trainings 13b. _____ Hrs Other* Complete 13c *13c. Describe	
14. Subtotal of Other Activities (lines 12+13)	**14.**

15. TOTAL HOURS (lines 8+11a+11b+14) = #5 above	**15.**

Required Signatures:

_____ _____ _____ _____

Health Check Coordinator Date Supervisor Date