Idaho Department of Juvenile Corrections

**COMMUNITY REINTEGRATION SERVICES JUVENILE CONTACT LOG**

**(Restricted Information)**

**Instructions for Completing the Community Reintegration Services Juvenile Contact Log**

**The Contact Log must be submitted with the billing invoice by the fifth (5th) day of the month following the month in which services were provided.** The Contractor shall complete the Contact Log by entering the date of service and the appropriate “Service Code” to indicate the type of service provided. Each service must be recorded individually. Refer to the contract to determine the approved services for this juvenile. Enter the appropriate “Who - Contact Code” to indicate who you had contact with *(juvenile, their family, JSC/JPO, employer or other)*. If it is another professional or other person, specify that person’s name and title. The contractor must also enter the appropriate “Type - Contact Code” to indicate what type of contact occurred *(met with juvenile in person, over the phone or video conference, or met in one of the juvenile correctional facilities)*. The Contractor will enter the total amount of time spent on a particular activity by billing time quarterly, for example: 15 minutes would be .25, half an hour would be .50, 45 minutes would be .75, etc. The Contractor must also enter the appropriate “Site Code” to indicate where the activity took place and specify the name of the person who provided the services to the juvenile along with a brief written description of the services in the detail of activities column. All codes can be found at the bottom of the page.

|  |  |  |  |
| --- | --- | --- | --- |
| Month Of:  | JSC:  | Juvenile:  | IJOS No:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Service****Code** | **Contact Code** | **Hours****Spent** | **Site****Code** | **Detail of Activities** |
| **Who** | **Type** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

Contractor Name:       Contractor Signature: Date:

|  |  |  |
| --- | --- | --- |
| **SERVICE CODES:** | **CONTACT CODES:** | **SITE CODES:** |
| SC Service Coordination | **WHO:** | **TYPE:** | HM Juvenile’s Home |
| SK Skills Training | CL Client | IP In Person | PO Probation Office |
| TS Tracking Services | EM Employer | TP Telephone | WK Juvenile’s Work |
| OT Other – specify in details | FAM Family | VC Video conference | JCC Juvenile Corrections Center |
|  | OP Other Professional–specify name and title in details |  | Other Specify in details |
|  | PO Probation Officer |  |  |
|  | Other – specify in details |  |  |