**Child and Adult Care Food Program**

**Household Contact Form**

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| Site/Provider Name: | | Name of Staff Member Conducting the Household Contact: | |
| Child/Children Names: | | Name Of Person Interviewed: | |
| Reason for Initiating Household Contact: | | | |
| **Attempt #1**  Date:  Type of Contact:  Contact:  Yes  No  **State circumstances for no contact:** | **Attempt #2**  Date:  Type of Contact:  Contact:  Yes  No  **State circumstances for no contact:** | | **Attempt #3**  Date:  Type of Contact:  Contact:  Yes  No  Initiate Secondary Contact:  Yes No  **State circumstances for no**  **contact and initiation of secondary contact:** |
| **Information Obtained from Household Contact:**  **Action Taken:** | | | |