**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 [ ]  NoInitiate Secondary Contact: [ ] Yes [ ] No**State circumstances for no** **contact and initiation of secondary contact:**      |
| **Information Obtained from Household Contact:**      **Action Taken:**       |