

QUARTERLY REPORT

Year _____ Quarter _____ 1st (Jan-March)
_____ 2nd (April-June)
_____ 3rd (July-Sept)
_____ 4th (Oct-Dec)

Visitor Name: _____

Elder Name: _____

In-person visits: Number _____ Hours _____

An **In Person Visit** is any visit in which you get together with your elder friend, either at their home or elsewhere.

Phone visits: Number _____ Hours _____ or Minutes _____

A **Phone Visit** is any time you call your friend to talk with them. Does not include very brief calls made for the sole purpose of confirming your next visit.

Optional Direct Service: Number _____ (approx. # of total visits)

Direct Service refers to any type of additional assistance beyond friendly visiting (i.e., household chores and errands).

1. What kinds of additional assistance did you provide to your elder friend this quarter?
2. How do you feel about your relationship with your elder friend?
3. What was a highlight this quarter?
4. Do you have any concerns or questions?
5. Additional notes or suggestions:
6. Please note any address, email or phone changes: