FIRST 5 FRESNO COUNTY

Direct Services Work Sheet – EXCEPT HOME VISITATIONS

Agency/Contract #: Program/Staff Completing This Form: Month/Year

For each service provided, please record the information below into Persimmony service screens.
***NOTE: for routinely occurring services such as daily child care, etc., the no. of services by month may be summarized by reporting all services on the last day of the month.*

			NUMBER OF SERVICE CONTACTS & MODALITY	
FIRST Name	LAST Name	BIRTH Date (mm/dd/yy)	Date of Service Contacts*	Modality Code**
				Select:
				Select:
				Select:
				Select:
				Select:
				Select:
				Select:
				Select:
				Select:
				Select:
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				Select:
				Select:

* SERVICE CONTACT: A direct service contact with client(s) is defined as a face-to-face encounter with the client as contracted in the SOW and that uses one of the modalities listed on this form. **NO service that is less than 30 minutes in length should be reported.**

** MODALITY CODES: (S) = Support group - Examples: casual parent sharing and meetings, etc. (W) = Group class or workshop (Examples - organized group class with educational goals, curriculum and materials) (T) One-on-One Technical Assistance & Other Professional Trainings, (E) = Enriched Child Care (C) Child Care (I) Information distribution (M) Case Management, other (O) = Other One-on-one, in-person, at agency or elsewhere, includes observations for purposes of screening