|  |  |  |
| --- | --- | --- |
| **CASA Advocate:** | **Month:** | **Year:** |
| **Total Hours for Month (Section A + Section B) =** | **Total Miles for Month:** |
| I hereby certify that the following information is a true statement of IN KIND hours and/or good received.Advocate Signature: Date:  |

**Form A-F**

Please complete and submit during the first week of the following month (i.e. January forms due the first week of February) For additional space in any section, please submit additional pages with the Section clearly identified.

**Section A:** (total Hours and Miles from C-F)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CASE #1 | Hours:  | Miles:  |  | CASE #3 | Hours:  | Miles:  |
| CASE #2 | Hours:  | Miles:  |  | CASE #4 | Hours:  | Miles:  |

**Section B:**

1. **Continuing Education and Advocate Monthly Meetings (Nation CASA Standard requires 12 hours per year)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | HOURS | MILES | DESCRIPTION OF ACTIVITY/EVENT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL: |  |  |  |

1. **Other Activities (Volunteer work not directly related to your case: Fundraisers, Office Help, etc)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | HOURS | MILES | DESCRIPTION OF ACTIVITY/EVENT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL: |  |  |  |

**Donations (money spent on the youth for meals, activities, etc. or money/items/equipment donated to CASA)**

|  |  |  |
| --- | --- | --- |
| DATE | Amount/Value | DESCRIPTION OF ACTIVITY or ITEMS DONATED |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL: |  |  |

Office Use Only :

Date Entered in CASA Tracker \_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Scanned\_\_\_\_\_\_\_\_\_\_

I hereby certify that the following information is a true statement of IN KIND hours and/or goods received.

Case Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_