

HOPE & HOME  
4945 N. 30<sup>TH</sup> Street  
COLORADO SPRINGS, COLORADO 80919  
PHONE: 719-575-9887  
FAX 719-575-0553

## Birth Family Contact Record

Document each contact between the child in care and the child's birth family. Record on this form whether the contact with bio parent family was in person, by phone or letter, etc. Indicate whether the contact was scheduled or not, and supervised or unsupervised. Please note the child's reaction to the contact, behavioral or verbal or both.

Name of Child \_\_\_\_\_ Name of Contact \_\_\_\_\_  
Date: \_\_\_\_\_ (Circle Applicable) In person \_\_\_ By Phone \_\_\_ Letter \_\_\_\_\_  
Scheduled \_\_\_ Not Scheduled \_\_\_ Supervised \_\_\_ Not Supervised \_\_\_\_\_  
Reaction to the contact, behavioral or verbal or both: (explain below)

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