

Date	Client Name	Phone Number	Length of Call
			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text
			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text
			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text
			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text
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			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text
			_____ mins <input type="checkbox"/> no answer <input type="checkbox"/> reached by text

Instructions

Length of Call –Please write the number of minutes of your call on the line indicated. If you are unable to reach the participant, please check “no answer” and report accordingly to the Coordinator.

Volunteer Signature: _____

Date: _____

Coordinator Signature: _____

Date: _____

Please complete your monthly TeleCare Volunteer Time Sheet and return by the 4th of the following month to:

**TeleCare Timesheets
 c/o ElderServe
 215 W. Breckinridge Street,
 Louisville, KY 40203**

If you are able to email timesheets, please send to telecare@elderserveinc.org or fax to 502-587-0222. Please let us know and we can save money on postage.

Thank you so much for your contributions to older adults in our community!