

LOG OF DAILY OUTREACH ACTIVITIES

Outreach Worker: _____

Local Office: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
DATE	TIME USED TO CONDUCT OUTREACH (Including travel time)	IN-OFFICE RELATED ACTIVITIES	NAME AND ADDRESS OF AREA, AGENCY, ORGANIZATION, AND/OR EMPLOYER VISITED	SERVICES PROVIDED											NOTES OR COMMENTS
				NUMBER OF MSFWS CONTACTED	NOTICE TO APPLICANTS (511N) PROVIDED	APPLICATIONS TAKEN	REFERRAL TO A JOB	REFERRAL TO SUPPORTIVE SERVICES	COUNSELING/CAREER GUIDANCE PROVIDED	REFERRAL TO TRAINING	JOB DEVELOPMENT CONTACT PROVIDED	OTHER	APPARENT VIOLANTION AND/OR COMPLAINT	FOLLOW-UP CONTACT	
17	NAME OF MSFW			QUALITY CONTACT INFORMATION											
18 TOTAL			TOTALS PERTAINING TO QUALITY CONTACTS:												