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Case Notes GO-MKE

Participant Name: _____ Participant ID#: _____
(Please print)

Contact Date		**Method**	☐ Face to Face ☐ Phone ☐ Text ☐ Social Media ☐ Virtual Meeting ☐ Other: _____
Reason for Contact			
Action			
Progress			
Plan			

Contact Date		**Method**	☐ Face to Face ☐ Phone ☐ Text ☐ Social Media ☐ Virtual Meeting ☐ Other: _____
Reason for Contact			
Action			
Progress			
Plan			

Critical Response Staff Name (please print) _____

Critical Response Staff: _____ Date: _____

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Revised: 10/01/25