YELLOUX COVE FOUNDATION

CAREGIVER COMMUNICATION & FOLLOW-UP LOG

Use one packet for one issue, request, referral, records matter, complaint, or service problem.

Person Supported / Care Recipient: _____ **Initial Contact:** _____

Caregiver Completing Log: _____ **Relationship:** _____

INITIAL CONTACT DETAILS

Who / where

Organization: _____

Person / department: _____

Role / title: _____

Contact

Time: _____

- ☐ Phone
- ☐ Voicemail
- ☐ Email
- ☐ Portal
- ☐ In person
- ☐ Mail / fax

Reference / concern

Reference / ticket #: _____

- ☐ Appointment
- ☐ Medication
- ☐ Records
- ☐ Referral
- ☐ Benefits / insurance
- ☐ Safety / housing / other

REASON, PRIORITY & INFORMATION EXCHANGED

Why did you contact them?

_____

_____

_____

What did they say, promise, request, or tell you to do?

_____

_____

_____

Priority / safety

- ☐ Routine
- ☐ Time-sensitive
- ☐ Same-day response requested
- ☐ Emergency matter

Current safety concern?

☐ Yes ☐ No ☐ Unsure

Response timeframe: _____

DOCUMENTS, OUTCOME & NEXT STEP

- ☐ Form / letter / email submitted
- ☐ Care information / timeline submitted
- ☐ Supporting document submitted
- ☐ Receipt confirmed
- ☐ No document submitted

- ☐ Completed
- ☐ Partially completed
- ☐ Pending / awaiting response
- ☐ Delayed / referred elsewhere
- ☐ Denied / no response

- ☐ Caregiver has next step
- ☐ Provider / agency has next step
- ☐ Shared responsibility
- ☐ Awaiting response
- ☐ Complaint / escalation may be needed

Initial contact notes / exact wording worth keeping:

_____

_____

_____

Keep dates, reference numbers, screenshots, portal messages, emails, letters, fax confirmations, and voicemail details when available. If no response is received, continue on Page 2 and record each follow-up attempt.

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Follow-up attempts, responses, final resolution, and records to keep.

Person Supported / Care Recipient: _____ **Reference / Case #:** _____

FOLLOW-UP HISTORY

Date / time	Method / person	What you did or response received	Status / next step

Record continued silence as 'No response' and include the date and method of each follow-up.

FINAL RESOLUTION & ACCOUNTABILITY

- ☐ Resolved
- ☐ Partially resolved
- ☐ Still pending
- ☐ Denied
- ☐ No response
- ☐ Closed without resolution

Date resolved / closed: _____

Final contact person: _____

Final reference #: _____

What happened next?

_____

_____

_____

RECORDS TO KEEP WITH THIS LOG

- ☐ Email / portal message
- ☐ Letter / fax confirmation
- ☐ Reference / ticket number
- ☐ Records request
- ☐ Submitted form
- ☐ Screenshot
- ☐ Voicemail details
- ☐ Other supporting record

This log is for caregiver documentation and organization. It does not replace official medical, agency, insurance, legal, or case records and does not establish consent, representation, guardianship, conservatorship, or decision-making authority.