STATE OF ALASKA
Department of Health & Social Services
Divison of Public Assistance

Case Number: _____
Case Name: _____
District Office: _____

REPORT OF CONTACT

1. **An entry must be made each time there is contact on this case, in chronological order.**
2. **Each entry must be dated and signed with first initial and complete last name.**

Date/Worker	Purpose and Result of Contact

GEN 56A (REV 8/84)
(06-3012)

Date/Worker	Purpose and Result of Contact