

# NCCF PERSONAL TOUCH SUMMARY SHEET

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Name:

Date:

Use this form to either keep your record of calls made or as a tool for communicating prayer concerns/comments

<b>Date / Time of Follow-up</b>	<b>Member Contacted</b>	<b>Member's Preferred Phone Number</b>	<b>Questions were addressed</b>  Yes / No	<b>Referrals were provided as needed</b>  Yes / No	<b>Date Submitted</b>
<b>Comments:</b>					
<b>Prayer Concerns:</b>					