

## Record of CCRC Congregation Care Visits

Please complete this on-line form for each Visit or Significant Conversation (e.g. telephone call or in-coffee shop visit). Also complete the Form even if you were declined or refused a Visit.

Press 'submit' below to send the Form securely to the Congregation Care records.  
If necessary, a paper copy may be submitted to the CCRC office or Ray Postuma (Care Coordinator) for entry.

Thank you for participating in CCRC Congregation Care!

(form revision date: 2010.06.23)

### Last, First Name of Person(s) Visited/Contacted \*

Family Name, then First Name(s)

### Date (Year/Month/Day) of Visit/Contact \*

Also enter date when 'Declined/Refused'

### Instructions/Comments

These will go to the Elder or CCC (Congregational Care Coordinator). Do not include confidential information about the visit.

### Last and First Name of Person(s) making the Visit/Contact \*

Name of Elder, CCA, or Other Visitor

### Designation of Visitor \*

Please select the visit capacity

- CCA
- Elder
- Deacon
- Associate Deacon
- Associate Pastor
- Transition Pastor

Other:

**Type of Visit/Contact \***

- Home Visit
- Hospital Visit
- Personal Care Home
- Telephone Call
- Restaurant Visit
- Work Place
- Worship-Participant
- Worship-Leader
- Event: Pastor Participant
- Event: Pastor Leader
- Church Office
- In your home
- Providing direct care/supervision in person's home.
- E-mail, Facebook etc. exchange
- Other:

**Duration (in Minutes) of Visit: \***

Approximate duration in Minutes or 'unknown'

**Elder Comment (s)**

Do not complete; for Elder use.

**Last and First Name of Person entering this information. \***

Last Name; First Name

- Same as the Visiting Person
- Other:

**Elder District of Person(s) Visited/Contacted \***

- District A: Brinkman J
- District B: Ploegman P
- District C: Visser L

- District D: Baardman A
- District E: Wyenberg G
- District F: Meinders E
- District G: Douma K
- Unassigned / Visitor / Seeker
- Other: