



**Kinship Cares Enhanced Navigator Program  
Worker Monthly Activity Log**

**Worker:** \_\_\_\_\_ **County:** **Mercer**    **Ocean**    (*circle one*)    Month of \_\_\_\_\_, 20\_\_

Date	Family Name	ID#:	Describe Activity	Activity Code	Location	Hours
					1. Family's Home 2. Office 3. Telephone 4. Other Agency 5. Car	

- Activity Codes**
- |                                  |                       |                     |
|----------------------------------|-----------------------|---------------------|
| 4) Intake/Assessment             | 1) Information Giving | 7) Group Work       |
| 5) Service Planning              | 2) Transportation     | 8) Informed Consent |
| 6) Refer or Arrange for Services | 3) Advocacy           | 9) Other            |

