

Project # OMB NO. 0930-0270
Expiration Date XX/XX/XXXX

Weekly Tally Sheet

Brief Educational and Supportive Services Not Elsewhere Included

Provider Name County or Parish Provider Number Week beginning mm/dd/yyyy Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBERS DISTRIBUTED							
	SUN.	MON.	TUES.	WED.	THURS	FRI.	SAT.	TOTAL
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact by crisis counselor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hotline/helpline/lifeline contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community networking and coalition building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MATERIALS DISTRIBUTED	Do not include materials that are captured on individual/family or group encounter data collection forms.							
Material handed to people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material mailed to people's homes and/or left at a person's unattended home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material left in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mass media	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social networking messages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If the number is zero, the field may be left blank.

Reviewer Name Signature Date of Review

INSTRUCTIONS:
WEEKLY TALLY SHEET
BRIEF EDUCATIONAL AND SUPPORTIVE SERVICES (NOT ELSEWHERE INCLUDED)

When to Use This Form:

This sheet is intended to capture all of the contacts you have had for a particular week that have not been captured on any other form. In other words, if you have completed an Individual/Family Crisis Counseling Services Encounter Log for someone, or if you have counted someone as a participant on the Group Encounter Log, you will not count that person or the materials handed out during those encounters here.

NUMBER OF CONTACTS OR NUMBER DISTRIBUTED—For each day of the week, fill in the total number of contacts for each of the following types:

IN PERSON BRIEF EDUCATION OR SUPPORTIVE CONTACT—The number of brief contacts with individuals, or groups of individuals, that did not result in in-depth discussion or interaction of an educational or crisis counseling nature. Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.) If you also distributed materials during this interaction, you will record that under the “MATERIALS DISTRIBUTED” section of this form.

TELEPHONE CONTACT BY CRISIS COUNSELOR—The number of brief telephone contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature. Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.)

HOTLINE/HELPLINE/LIFELINE CONTACT—The number of calls that come into the hotline/helpline/lifeline designated for this Crisis Counseling Assistance and Training Program (CCP). Record this contact on the Weekly Tally Sheet when it is *less than 15 minutes*. (If your contact is more than 15 minutes, please fill out the Individual/Family Crisis Counseling Services Encounter Log.)

EMAIL CONTACT—The number of brief email contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

COMMUNITY NETWORKING AND COALITION BUILDING—How many people did you come into contact with for the purpose of networking within the community or building local coalitions? (Did you build relationships with community resource organizations, faith-based groups, and local agencies? Did you attend a community event to provide a compassionate presence and to be available to provide crisis counseling services, if needed? Did you initiate or attend an unmet-needs committee or long-term recovery meeting, or other disaster relief-oriented gathering?)

MATERIAL HANDED TO PEOPLE—How many packets or materials were distributed by handing them out to people with no or minimal contact? (One packet of information, even if containing multiple pieces, is counted as one.)

MATERIAL MAILED TO PEOPLE'S HOMES AND/OR LEFT AT A PERSON'S UNATTENDED HOME—How many packets or materials were mailed to people's homes and/or left at people's homes when they were not there (with no interaction with the people living in the homes)? (If you left a packet of information on a doorstep, count it as one material item left, even if the packet contained multiple pieces.)

MATERIAL LEFT IN PUBLIC PLACES—How many materials were left in public places?

For this crisis counseling program, the following may be captured by the crisis counselor or by the administrative program staff:

MASS MEDIA—How many mass media messages did you publish or broadcast? This includes newspaper ads, radio broadcasts, listserv mailings, advertisements, etc. *that were created or developed by the program*. This does not include surface mailing of materials, which is recorded above under MATERIAL MAILED. In general, the number of people “receiving” messages through mass media will be unknown (e.g., the number of people reading your newspaper ad is unknown), therefore, do not record the reach of the message - only the *number of messages* published or broadcasted.

SOCIAL NETWORKING MESSAGES—How many messages did you post via social networking mechanisms (e.g., Facebook or Twitter)? *Do NOT include the number of replies or posts made by outside parties.*

Please submit the completed form to the designated person in your agency who will review and sign the form.

Thank you for taking the time to complete this form accurately and fully!

Paperwork Reduction Act Statement This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) with program monitoring of FEMA's Crisis Counseling Assistance and Training Program. Crisis counselors are required to complete this form following the delivery of crisis counseling services to disaster survivors (44 CFR 206.171 [F][3]). Information collected through this form will be used at an aggregate level to determine the reach, consistency, and quality of the Crisis Counseling Assistance and Training Program. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 12 minutes per week, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.