## LEGAL ASSISTANCE NARRATIVE

Provider: Area Agency on Aging of the Capital Area  Page ____ of ____

Site: 002

Client Name: _____  MM/YY: _____

| DATE | INITIALS | TIME(min) | CODE | NARRATIVE |
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CODES

A = Advice/Counseling
B = Written Summary
C = Mail-out/Correspondence
D = Schedule Home Visit Date: _____
E = Research of Case Options/Information
F = Follow Up
H = Home/Work Visit
I = Intake
L = Legal Assistance/Representation
M = Records Maintenance
N = Agency Networking for Case Resolution
P = Document Prep/Assistance
R = Contact Agencies for Client Use
S = Satisfactory Survey (new)
W = Walk-in Client

UNIT CALCULATION

Total Minutes: _____

Equals: _____ hours _____ minutes

Reported CIS Units: _____

Verified by: _____