Manitoba Key Worker		Key Worker ID Mo	nth Year	Please print numbers neat completely, using INK. Once con	MONTHLY TIME SUMMA ly within squares without touching the lines, and fill in on applete, please fax to the HCMO Data Centre at 204-948	circles
Caregiver or Child/Youth ID						
Face to face with family in home	احتنجت لحانب					:.
Face to face with family outside of home			:			::
Phone calls with family	البانب البانب		ليانيا بي	المالية المالية		:
Emails/texts with family	احتنجا لحانجا		السانسا سن			:
Meeting with service provider and family						:
Meeting with service provider on behalf of family						: 
Transportation of family						·:
Travel related to this family						:
Evaluation work related to this family			:	نيب بينيا		
Paper work related to this family	ا ــــــــــــــــــــــــــــــــــــ		:	احب حب	:	:
*Other time related to this family			:			ــــ:ــــــ
*If 'other' line was used above, please suggest hea	ndings that would have captured that ti	me:				_
RHA supervision :	Consultation with other program	ns : MK	W training	: Pa	per work unrelated to a specific family	_:
Clinical supervision :	Team meeting	: Adv	vertising/marketing MKW pr	rogram : Pr	ogram development	_:
Peer consultation :	Regional meeting	. Pre	sentations to the communit	ty : Le	ave time (holiday, sick time)	_:

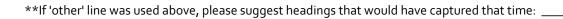
. Graduated families (brief interventions) .

\*\*Other non-family related time



Travel time unrelated

to families



Work done before intake (no ID)