**Triple P Cabarrus**  
Level 3 Caregiver Contact Record

**CAREGIVER 1**

*Name or Client ID:* ____________________  
*Zip Code/County:* ________________

**CAREGIVER 2**

*Name or Client ID:* ____________________  
*Zip Code/County:* ________________

*Please assign your own identifier if the caregiver does not authorize release of information.*

**Where did the client hear about Triple P Services?** (ex. Billboard, pamphlet, other parent, specific agency): __________________________

**Triple P Provider Name:** ____________________  
**Triple P Provider Agency:** ____________________

**Triple P Level AND Type (ex. Level 3 Primary Care or Teen):** ____________________

**Intervention Status** (Circle one option):  
“Completed Level 3”  
or  
“Completed Level 2 (sessions 1 or 2)”

<table>
<thead>
<tr>
<th>DATE</th>
<th>WHO ATTENDED</th>
<th>BRIEF DESCRIPTION OF ACTIVITIES</th>
<th>APPROXIMATE TIME SPENT</th>
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Return to Triple P Cabarrus:  
Cabarrus Health Alliance  
300 Mooresville Rd. Kannapolis, NC  
28081