



Wrap-Up Form

CONFIDENTIAL

Stephen Ministry® Form

Date _____

1. Name of caregiver _____

2. Caring relationship originally initiated by _____

3. Date of initial contact _____

4. Date of final contact _____

5. Total number of caring contacts _____ Number of hours spent with care receiver _____

6. Type of caring _____

7. Reason for bringing closure:

completed formal caring relationship

referral to another Stephen Minister

other

withdrawal by care receiver

referral to community resource

Explain:

8. Type of follow-up (check all applicable):

visits by Stephen Minister

social meeting

no follow-up

phone calls by Stephen Minister

other

Explain:

9. If you do plan follow-up, how often do you plan to follow up? _____

10. Name (or code number) of care receiver _____

(continued on the next page)