FOUR SEASONS
571 South Allen Rd, Flat Rock, NC 28731

Fax: (828) 233-0351 – **Cover Sheet Required**
E-Mail: kmalenchak@fourseasonscfl.org

___ Pt List
___ Volgistics
___ Vol Coord

VOLUNTEER CONTACT RECORD

Patient's Name_____ Patient ID #_____
(if e-mailing or faxing, include ONLY First Name of Patient)

Services Provided: (check all that apply)

County	Setting	Plan of Care (POC)	
☐ Henderson	☐ Home Care (HC)	☐ Errands	☐ Companionship
☐ Transylvania	☐ Nursing Home (NH)	☐ Respite	☐ Socialization
☐ Rutherford	☐ Assisted Living Facility (ALF)	☐ Pet Therapy	☐ Transportation
☐ Polk		☐ Complimentary	☐ Palliative
		☐ Other	

Date of Visit (1 month/sheet only!)	**Brief Narrative of Visit**	**Mileage** (Round Trip)	**Total Hours** (Include Travel Time)

ALL DOCUMENTATION IS DUE AT THE END OF THE MONTH

VOLUNTEER NAME: _____
(Please Print)

VOLUNTEER SIGNATURE: _____

Comments: _____

*Reviewed by Volunteer Coordinator:*_____

12/2022