NYSED COVID-19 Temporary Guidance

Case Management for WIOA and ALE Programs

Program Manager: _____

Case Manager: _____

Month of Service: July, 2020 ___ August, 2020 ___ (select one)

Student Name	# of Times Contacted by Phone	# of Times Contacted by Text	# of Times Contacted by Email	# of Times Contacted by Private FaceBook Message	# of Times Contacted by some other electronic means

This document, when completed, should be sent to your program manager who then must upload it to the Accountability website at the conclusion of each month (due by the 15th of the following month) during the COVID-19 Temporary Guidance. Accountability site web address: https://adult-education-accountability.org/