



Shepherd's Staff Form

Contact Name: _____

What method(s) were used to make contact?

☐ Phone

☐ Text

☐ Email

☐ Card

Please rate your connections with this family 1-10: _____

Please describe the needs identified, physical or spiritual, that Crossroads can help with (If applicable)

Did they identify a reason why they have not been attending?

☐ Yes

☐ No

☐ N/A

If the previous answer is yes, please give a brief explanation as to why.

Any other comments (If necessary)

Who is submitting this form? _____