



Hoosier Youth Challenge Academy
 10892 North State Road 140, Knightstown, IN 46148
 (877)860-0003 (765) 345-1000
 Fax: (765) 345-1002 Website: www.hoosieryouthchallenge.org

MEMORANDIUM OF RECORD:
SUBJECT: Monthly Mentor Contact Report (MMR)
 (Successful Contact)

Reporting Month: 1 2 3 4 5 6 7 8 9 10 11 12

PRA: Halcomb Mathews Trosper Date: _____
 Mentor: _____ Cadet: _____ Class: _____ Has the P-RAP been modified? Yes No

Please list specific dates for each contact made during the month.

Face to Face: _____ Phone: _____ Email/Text: _____
 Facebook: _____ Mail: _____ Other: _____

Has there been at least four hours of contact with the cadet this month? Yes No

Where is the mentoring relationship? Just Forming Norming Storming Performing In a rut Non-existent

Change of Contact Information: Cadet Mentor Parent/Guardian

Phone: () - Email: _____ Address: _____

Employment <input type="checkbox"/> Pay Stub (attached)		
Employer: _____	Supervisor Name: _____	Phone: () - _____
Work Phone: () / _____	Hiring Date: / / _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours per week: _____	Wage per hour: _____	
Termination Date: / / _____	Reason for Termination: _____	
Education <input type="checkbox"/> School Schedule or Admission Letter (attached)		
School: _____		
Type: <input type="checkbox"/> High School <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College <input type="checkbox"/> Tech/Voc School <input type="checkbox"/> Job Corp <input type="checkbox"/> AmeriCorps		
Start Date: / / End Date: / /		
Has the Cadet received a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ From whom? _____		
Volunteer/Misc. Projects <input type="checkbox"/> Volunteer Letter (attach)		
Location: _____	Point of Contact Name: _____	Phone: () - _____
Hours per week: _____		
Military <input type="checkbox"/> Enlistment Papers (attach)		
Branch: <input type="checkbox"/> ANG <input type="checkbox"/> ARNG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> USMC <input type="checkbox"/> USN		
Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard Enlistment Date: / /		
Basic Training Ship Date: / / Delayed Entry Date: / /		

Comments: _____

Point of Contact (POC): _____

Date: _____