Child: _____

Foster Parent: _____

Appointment Log

Licensing
5720 144th St NW #100
Gig Harbor, WA 98332
253 857-5447
Fax 253 857-0710
tk@aplacecalledhope.us

Case Management
3501 104th St E
Tacoma, WA 98446

Date/Time	Name of Provider & Location	Type of Appointment	Reason for Appointment & Outcome