## Disaster Human Services Case Management Referral Form

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN**: The purpose of this information collection is to enable ACF/OHSEPR to identify a disaster survivor’s unmet needs and provide case management support that can connect a disaster survivor to services that meet their needs. Public reporting burden for this collection of information is estimated to average a total of 4 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is XXXX-XXXX and the expiration date is XX/XX/20XX. If you have any comments on this collection of information, please contact the Office of Human Services Emergency Preparedness and Response, 330 C St. SW, Washington, D.C. 20201.

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| **Referral Type**[ ]  Behavioral Health[ ]  Child Care[ ]  Clothing[ ]  Disability[ ]  Elder Care[ ]  Employment | [ ]  Federal Disaster Assistance[ ]  Financial Assistance[ ]  Food Assistance [ ]  Health Insurance[ ]  Housing – Short-term[ ]  Housing – Long-term | [ ]  Legal Services[ ]  Medical[ ]  Pharmacist [ ]  State human services[ ]  Veteran assistance[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Resource Provider (Name) |
| Resource Provider Address (Street, City, State, Zip Code) |
| Point of Contact, if applicable |
| Office Phone | Cell Phone | Email Address |
| Current Business Hours | Appointment Date | Appointment Time |
| Directions to Resource Provider |
| Notes |
| Referral Result |
| [ ]  Information Only[ ]  Eligibility for Resource Provider Pending[ ]  Eligible for Resource Provider[ ]  Ineligible for Resource Provider[ ]  Needs Met – Resource Provided[ ]  Needs Unmet[ ]  No Show[ ]  Declined referral |

## Disaster Human Services Case Management Case Record Notes

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| Entry Date: |  |
| Purpose:[ ] General Note[ ] Close Record |
| Entry Date: |  |
| Purpose:[ ] General Note[ ] Close Record |
| Entry Date: |  |
| Purpose:[ ] General Note[ ] Close Record |
| Entry Date: |  |
| Purpose:[ ] General Note[ ] Close Record |
| Entry Date: |  |
| Purpose:[ ] General Note[ ] Close Record |
| Case Closure | Reasons for Closure (select all that apply) |
| Date of Closure: | [ ] Survivor completed their case management goals[ ] Survivor identified outside resources and no longer needs assistance[ ] Survivor was referred to another program that provides comparable case management services[ ] Survivor chose to end participation in the program[ ] Survivor cannot be reached at their provided [ ] address, [ ] phone, or [ ]  email |