## 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 |