ADMINISTRATION FOR CHILDREN & FAMILIES Office of Human Services Emergency Preparedness and Response

OMB Control No: Expiration Date: Estimated Burden: 4 hours

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.

Referral Type			
 Behavioral Health Child Care Clothing Disability Elder Care Employment Resource Provider (Name) 	 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 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			
Referral Result			
Eligibility for Resource Provider Pending Eligible for Resource Drovider			
Eligible for Resource Provider Inclinible for Resource Provider			
 Ineligible for Resource Provider Needs Met - Resource Provided 			
Needs Unmet			
□ No Show			
Declined referral			
L			

OMB Control No: Expiration Date: Estimated Burden: 4 hours

Disaster Human Services Case Management Case Record Notes

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.

Entry Date:		
Purpose:		
□General Note		
□Close Record		
Entry Date:		
Purpose:		
□ □General Note		
□Close Record		
Entry Data:		
Entry Date:		
Purpose:		
□Close Record		
Entry Date:		
Purpose:		
□General Note		
□Close Record		
Entry Date:		
Purpose:		
☐ □General Note		
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	
	\Box Survivor chose to end participation in the program	
	\Box Survivor cannot be reached at their provided \Box address, \Box phone, or \Box email	