

	Environmental				(housing, insurance, meals, transportation, home supports, etc)		
Current Service Providers with contact information							
With Referring Organization					(name, title, phone, email, fax)		
	Primary Care Physician/NP						
	Case Manager						
	Social Work						
	Specialists						
	Other (role)						
Outside of Referring Organization					(role, Organization, name, fax)		
Relationship of Service Providers to Active Issues (X= active involvement)							
	Issue	Provider 1	Provider 2	Provider 3			
	1		X	X			
	2	X					
	3		X				
Other Agency Involvement							
	Agency	Active Issue(s)			(agency only, no detail on provider)		
Current Insurance					(Medicare, Medicaid, SSDI, TriCare, Commercial, other)		
Pending Insurance					(Medicare, Medicaid, SSDI, TriCare, Commercial, other)		
Prior refusal of services					(approximate dates, services)		
Interventions underway					(referrals, equipment orders, assessments, applications, etc)		
Anticipated post referral services that referrer will continue to provide					(direct services, case management, care coordination, etc)		
% Service Related Disability					(0-100%)		
If Medicare eligible, has application been made?					(yes, no, don't know)		
If Medicaid eligible has application been made?					(yes, no, don't know)		
Services client is currently receiving from the VA					(list services, none, don't know)		
VA services for which client is eligible					(list services, none, don't know)		