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| **Six Month Follow Up** | | | |
| Region: | | Date: | |
| Name (LAST, FIRST, MI): | | | |
| DOB: | **SSN:** | | DCN: |
| Is individual still actively engaged in ERE services: Yes No | | | |

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| **Housing Status at Follow Up:**  Homeless  Not Homeless  Shelter Housing  Transitional Housing  Unknown | **Employment at Follow Up:**    Full Time  Not in Workforce  Part Time  Supported Employment  Unemployed, but looking  Unknown/Refused | **Payer Source at Follow Up**:    Medicaid  Medicare  Medicare and Medicaid  Private Insurance  VA Benefits Uninsured  Other  Unknown/Refused |

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| --- | --- | --- | --- | --- |
| Program | Need Identified | Referred to or Engaged with Resources | Need is met or stable at 3 months | Need is met or stabilized at 6 months |
| Community-based Assistance |  |  |  |  |
| Crisis Services |  |  |  |  |
| Dental Care |  |  |  |  |
| Developmental Disabilities Services |  |  |  |  |
| Employment Services |  |  |  |  |
| Food Assistance |  |  |  |  |
| Housing |  |  |  |  |
| Mental Health Services |  |  |  |  |
| Payer Assistance |  |  |  |  |
| Physical Health Services |  |  |  |  |
| Psychiatry |  |  |  |  |
| Substance Use Services |  |  |  |  |
| Transportation Assistance |  |  |  |  |
| Medication Assistance |  |  |  |  |
| Basic Needs Assistance |  |  |  |  |
| Legal services |  |  |  |  |

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| **Number of:** Emergency Room visits in past 3 months |  |
| Hospitalizations in past 3 months |  |
| Law enforcement contacts in past 3 months |  |

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| **DLA 20© mGAF score at 3 months** |  | **Date:** |  |