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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:**HomelessNot Homeless Shelter HousingTransitional HousingUnknown | **Employment at Follow Up:**Full TimeNot in WorkforcePart TimeSupported EmploymentUnemployed, but lookingUnknown/Refused | **Payer Source at Follow Up**: MedicaidMedicare Medicare and MedicaidPrivate InsuranceVA Benefits UninsuredOtherUnknown/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:** |  |