



HUMAN SERVICES RECORD

SOMETIMES PATIENTS NEED A LITTLE HELP ON THE ROAD TO RECOVERY.
USE THIS WORKSHEET TO KEEP TRACK OF YOUR PATIENT'S INTERACTIONS WITH THE HUMAN SERVICES AGENCIES FOR THE PROGRAMS TO WHICH THEY HAVE APPLIED.

TIP: KEEP THESE FORMS WITH ALL CORRESPONDING PAPERWORK AS A SUMMARY OR TASK MANAGER
NOTE: TO LEARN MORE ABOUT HUMAN SERVICES AND ELIGIBILITY REQUIREMENTS FOR BENEFITS,
PLEASE VISIT YOUR STATE'S OFFICIAL WEBSITE.

Patient Name: _____ Date: _____

Agency Name: _____

Program Name: _____

Phone: _____

Name of Contact Person: _____

Title or Role of Contact Person: _____

Purpose of Call:

Application

Benefits Inquiry

Renewal

Other

Other: _____

Questions for Agency:

Answers:

Follow Up / To Do:



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