



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: