

**ATTACHMENT B: CASE NOTES FORM**

This is an *optional* tool, provided to assist you in tracking your referral progress. **It is not a required form.**  
 This form can be submitted as a *supplement* and must accompany Project Access Enrollment Application

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

➤ **How is this patient financially supporting themselves?**

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➤ **What is this patient's current housing situation?**

Please check all that apply:

Other Housing Notes:

<input type="checkbox"/>	Living in a shelter	_____
<input type="checkbox"/>	Transitional Housing	
<input type="checkbox"/>	Recovery Center	
<input type="checkbox"/>	Couch Surfing	
<input type="checkbox"/>	Stay w/others pay no rent	
<input type="checkbox"/>	Living on Streets	
<input type="checkbox"/>	Living in Vehicle	
<input type="checkbox"/>	Living in Hotel/Motel	
<input type="checkbox"/>	Own or rent	
<input type="checkbox"/>	Other:	

How long has the patient been living in their current housing situation? \_\_\_\_\_

➤ **How is this patient eating?**

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➤ **General case notes for this patient:**

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