HoH Name:

Family Member Names:

Address:

Telephone# Email:

**Emergency Resources:**

**If there is a risk to safety please call 911. Have this sheet with you for contacts**

|  |  |  |
| --- | --- | --- |
| Trusted Neighbor or Friend: | Tel: | Address: |
| Friend with phone | Tel: | Address: |
| Social Services Support: | Tel: | Address: |
| Permission to Enter Home / Relationship | Tel: | Address: |
| Care for Children and Relationship: | Tel: | Address: |
| Care for Pet and relationship: | Tel: | Address: |
| Treatment Provider: | Tel: | Address: |
| Legal Assistance: | Tel: | Address: |

Documents for Emergencies:

|  |  |  |
| --- | --- | --- |
| Insurance Cards: | Y/N/NA | Location: |
| Medical Alerts: (allergies, conditions) | Y/N/NA | Location: |
| List of medications: |  |  |
| Crisis Plan | Y/N | Location: |
| Advance Directive MH | Y/N | Location: |
| Permission to Enter Unit | Y/N/NA | Location: |
| Advance Directive /Living Will | Y/N/NA | Location: |
| Plan for care of children: | Y/N/NA | Location: |

**Housing:**

|  |  |  |
| --- | --- | --- |
| Landlord Name: | Tel: | Address: |
| Subsidy Administrator: | Tel: | Address: |
| Support Services: | Tel: | Address: |
| Legal Services: | Tel: | Address: |

Housing documents:

|  |  |  |
| --- | --- | --- |
| DD214 | Y/N | Location: |
| Lease: | Y/N | Location: |
| House Rules: | Y/N/NA | Location: |
| Notice(s) from Landlord | Y/N/NA | Location: |
| Rent Receipts: | Y/N | Location: |
| Inspection Schedule: | Y/N | Location: |
| Inspection Form | Y/N | Location: |
| Utility bills: | Y/N/NA | Location: |
| Housing Plan | Y/N | Location: |

**Financial:**

|  |  |  |
| --- | --- | --- |
| Social Security Office : | # | Address: |
| Person Assisting with Application/Appeal: | Tel: | Address: |
| Public Assistance/FS: | # | Address: |
| Medical Assistance: | # | Address: |
| Bank: | Tel: | Address: |
| Emergency Assistance: Rent and Utilities | Tel: | Address: |
| Food Bank (s) | Tel: | Address: |
| Employer: | Tel: | Address: |
| Person who helps with Financial: | Tel: | Address: |
| Representative Payee: | Tel: | Address: |

Financial Documents:

|  |  |  |
| --- | --- | --- |
| VA SC or NSC Award Letter/Application | Y/N/NA | Location: |
| SS Award Letter: | Y/N/NA | Location: |
| PA Award Card: | Y/N/NA | Location: |
| Medical Assistance Card: | Y/N/NA | Location: |
| Bank Statement: | Y/N/NA | Location: |
| Rent Receipts: | Y/N | Location: |
| Utility Bills: | Y/N/NA | Location: |
| Tax Records: | Y/N/NA | Location: |
| Pay Stubs: | Y/N/NA | Location: |
| Identification: | Y/N | Location: |
| Tax forms, W2 | Y/N/NA | Location; |

**Medical:**

|  |  |  |
| --- | --- | --- |
| Primary Care Provider: | Tel: | Address: |
| Specialty Care Provider: | Tel: | Address: |
| Dentist: | Tel: | Address: |
| Emergency Room: | Tel: | Address: |
| Transportation: | Tel: | Address: |
| Homecare Provider: | Tel: | Address: |
| Pharmacy: | Tel: | Address: |
| Friend to call for Support: | Tel: | Address: |

Medical Documents:

|  |  |  |
| --- | --- | --- |
| Medical Insurance Card | Y/N/NA | Location: |
| Appointment Calendar | Y/N/NA | Location: |
| List of Medications | Y/N/NA | Location: |
| Medical Proxy | Y/N/NA | Location: |
| Crisis Plan | Y/N/NA | Location: |
| Advance Care Directive: | Y/N/NA | Location: |

**Mental Health**

|  |  |  |
| --- | --- | --- |
| Psychiatrist: | Tel: | Address: |
| Clinic: | Tel: | Address: |
| Case Manager/ ACT: | Tel: | Address: |
| Pharmacy: | Tel: | Address: |
| Life Coach: | Tel: | Address: |
| Club Houses/ Peer Support | Tel: | Address: |
| Hot Lines: | Tel: |  |
| Warm Lines: | Tel: |  |
| Friend to call for Support: | Tel: | Address: |

Mental Health Documents:

|  |  |  |
| --- | --- | --- |
| Insurance Card | Y/N/NA | Location: |
| Appointment Calendar | Y/N/NA | Location: |
| List of Medications | Y/N/NA | Location: |
| Crisis Plan | Y/N/NA | Location: |
| Advance Care Directive: | Y/N/NA | Location: |

**Substance Recovery Resources:**

|  |  |  |
| --- | --- | --- |
| Counselor: | Tel: | Address: |
| Program: | Tel: | Address: |
| Peer Support/Sponsor | Tel: | Address: |
| Friend for Support | Tel: | Address: |
| AA/NA Home Mtg | Contact: | Address: |

Substance Recovery Resources:

|  |  |  |
| --- | --- | --- |
| Recovery Plan: | Y/N/NA | Location: |
| Crisis/Relapse Prevention Plan: | Y/N/NA | Location: |
| Insurance Card: | Y/N/NA | Location: |
| Meeting Book: | Y/N/NA | Location: |

**Education and Employment:**

|  |  |  |
| --- | --- | --- |
| Employer: | Tel: | Address: |
| School: both HoH and children | Tel: | Address: |
| Teachers | Tel: | Address: |
| Employment Program: | Tel: | Address: |
| Counselor: | Tel: | Address: |
| Education Advisor | Tel: | Address: |
| Tutor: | Tel: | Address: |
| Peer/ Colleague | Tel: | Address: |

Education / Employment Documents

|  |  |  |
| --- | --- | --- |
| Pay Stubs | Y/N/NA | Location: |
| Insurance Card | Y/N/NA | Location: |
| Social Security Card | Y/N/NA | Location: |
| GI Bill Award Letter/Documentation: | Y/N/NA | Location: |
| Voc Rehab Letter/Documentation: | Y/N/NA | Location: |
| Schedule:  For HoH and each child | Y/N/NA | Location: |
| School documents for children:  Vaccination Cert., transcripts, report cards, evaluations, plans for special needs | Y/N/NA | Location: |

**Community Connections**

|  |  |  |
| --- | --- | --- |
| Faith Community |  |  |
| Family |  |  |
| Friends for every family member |  |  |
| Camp/Afterschool |  |  |
| Child Care |  |  |
| Sports Team |  |  |
| Community Center |  |  |
| Clubs |  |  |
| Veterans Service Organization |  |  |
| Local Library |  |  |
| Book Club |  |  |