Date of Follow-Up	
Client Name/ID	
Contact Method	
Staff Member Conducting Follow-Up	
Safety and Well-Being Is client currently in a safe location?	
is client currently in a sale location?	
Briefly describe any current safety concerns	
Support & Needs	
Were referrals/resources provided?	
Actions Taken / Follow-Up Steps	-
Were referrals/resources provided? Actions Taken / Follow-Up Steps	