

NAMI NH - Information and Resource

Original Caller

Repeat Caller

Date: _____

COMMUNITY

RESOURCE CONTACT: _____

STAFF NAME: _____

Type of Contact: Walk In Telephone E-mail Face to Face
Department: Child Adult Elder Training / Educational Request

CALLER'S NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

Do not contact this person for follow-up survey/membership/donations

1. WHY ARE THEY CALLING?

Benefits Current Legislation Educational Materials Education Program Employment
 Housing Legal Provider School Support Group Training Volunteering
 Other: _____

Connected to CMHC Prior connection to CMHC No connection to CMHC

2. DISPOSITION:

NOTES: _____

REFERRAL TO:

Area Agency BBH CMHC CRV DRC Fam. and Comm. Ed. Specialist (Sue)
 F2F PMC SbS Family Support Group Parent Support Group SOSL Support Group
 Connections Support Group PIC Other: _____

MAILED INFORMATION ABOUT:

Diagnosis NAMI NH Other: _____

OFFICE USE ONLY

Entered into database: _____ Entered by: _____
(initials)