

# Storey County Health and Community Service Department

## Client Case Tracking Notes

Name:		DOB	
		:	
Other Names Used:			
Physical Address:			
Mailing Address:		County:	
City:		State	Zip Code:
		:	
Cell Phone:		Home Phone:	
Email:			

Case Manager/Initial Contact?

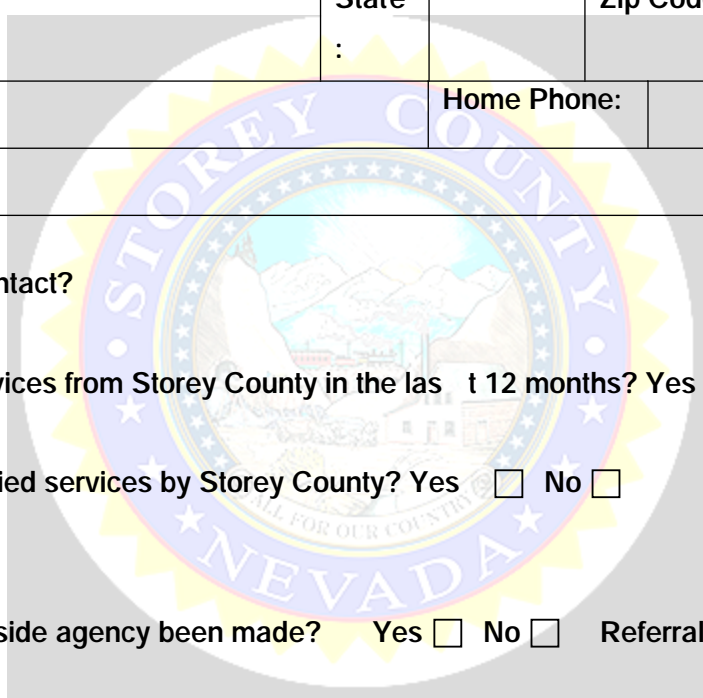
Have you requested services from Storey County in the last 12 months? Yes  No

Have you ever been denied services by Storey County? Yes  No

If yes, why?

Has a referral to any outside agency been made? Yes  No  Referral Date:

Community Chest:  Other Agency (name):



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## INITIAL PLAN AND CASE NOTES:

Plan Date:            Case Manager/Contact Name:

Type of Contact :   Home/In Person     Office/In Person     Phone     Text     Email

Initial Plan of Action:

Actions Taken / Recommendations:

Has the client been made aware of the plan? Yes  No



