

NAMI TN HelpLine Contact Form (revised 2/18/2009)

Date: ___/___/___

HelpLine Database Team Member: _____ Your Affiliate: _____

Caller's Name: _____ Name of Family/Person in Need: _____

Phone number caller is calling from (LOOK AT CALLER ID!) _____

Diagnosis of caller: (as many as apply) _____ Age: _____

Diagnosis of Family or person in need: (as many as apply) _____ Age: _____

What is the problem?

What did you do for the caller?

<p>Type of Caller: <i>Check all that apply</i></p> <p><input type="checkbox"/> Person with mental illness</p> <p><input type="checkbox"/> Family member</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Professional: <input type="checkbox"/> Mental Health <input type="checkbox"/> NAMI Member</p> <p><input type="checkbox"/> Other: _____</p>	<p>Type of Contact: <i>Check all that apply</i></p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Face to Face</p> <p><input type="checkbox"/> US Mail</p> <p><input type="checkbox"/> Other: _____</p>
<p>Race/Ethnicity: <i>Check all that apply</i></p> <p><i>For the purpose of our grants, would you share with me your race or ethnicity?</i></p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Other: _____</p>	<p>Health Care Coverage: <i>Check all that apply</i></p> <p><input type="checkbox"/> TennCare</p> <p><input type="checkbox"/> AmeriChoice/United Health</p> <p><input type="checkbox"/> Amerigroup</p> <p><input type="checkbox"/> Value Options/BlueCare/VHSP</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Behavioral Health Safety Net</p> <p><input type="checkbox"/> Private Insurance: _____</p> <p><input type="checkbox"/> Cover TN/Cover Kids</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> None</p>

Circle ISSUES pertaining to the HelpLine interaction:

- | | | | |
|--------------------------|--------------------|-----------------------|--------------------------|
| NAMI Basics | Financial Concerns | Medicare | Service Quality |
| Battle Buddies | Guardianship | Medication | Social Security/SSI/SSDI |
| BRIDGES | Group Home | Membership | Substance Abuse |
| Bridging the Gap | Hospital | NAMI TN | Suicide |
| Breaking the Silence | Housing | NAMI: Out of State | Support Group |
| Conservatorship | Information | Paso A Paso | TennCare/Medicaid |
| Counseling | Insurance | Private Provider | TMHCA |
| Criminal Justice | In Our Own Voice | Safety Net | Transportation |
| Crisis | Juvenile Justice | School/Adult Training | Veterans Issues |
| DCS/ child state custody | Legal Issues | School/Children | With Hope in Mind |
| Education | Local Affiliate | Self Injury | WHM Beginnings |
| Employment | Marital Issues | Senior Issues | Other |
| Discrimination | Medical Issues | Service Access | |

ASK: Since you have questions about _____ may I send you information?

E-Mail Address _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Caller Referred to: _____ on (date): ___/___/___

Entered Into database by: _____ on (date): ___/___/___

Please add additional comments on the back: → → → →