



HousingFirstUniversity.org
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Collateral Contact Checklist

Date:	
Time of contact:	
Duration of contact:	
Participant:	
Location of contact:	
Name of person spoken to:	
Agency name:	
Title:	
Phone number (with ext):	
Fax number (if needed):	
Agency address:	
Content of contact:	

Was an appointment scheduled?	
If yes,	
Date:	
Time:	
Location (including address, floor number/suite, etc.):	
Doctor or provider's name:	
Items needed (ID, insurance card, paperwork, referral, etc):	
Special instructions (fasting, med prep, no jewelry, etc.):	
Plan with participant (meet there, transport?):	
Is participant aware of the plan for appointment?	
If not, who will inform and when?	
In EHR?	
Follow-up steps (what staff need to be notified/involved):	