APD Tribal Navigator Client Tracker

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| **Client Name:** | | | | |
| **Date of first appointment:** Click or tap to enter a date. | | | | |
| **Client concern type:**  Housing  Transportation  Health  Financial  Safety  Other | | | | |
| **Contact made by Navigator?**  **YES  NO**  **Was this a result of your outreach?** | | | **Contact made by partner?**  **YES  NO**  **Name of partner:** | |
| **Appointment notes (high level):** | | | | |
| **Referral made?**  **YES  NO**  **Date of referral:**Click or tap to enter a date. | | **Where was the referral made to?**  **Name of person contacted:** | | |
| **Date of response from referral:**Click or tap to enter a date. | | | **Action taken in response to referral?** | |
| **Date Action was completed:**Click or tap to enter a date. | | | **Service Provided:** | |
| **Notes on completed navigation:** | | | | |
| **For your quarterly report (or monthly if that is how you are submitting invoices), please indicate where this client is in the process. When submitting your report, please omit names and submit the tally of all cases. If the case is closed, please only report the number of closed cases once.** | | | | |
| **On-going client case** | **Awaiting referral response** | | | **Client referral or services completed successfully** |