*This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.*

HVRP CLIENT CASE NOTES

(Input all info including 30, 60, 90 day follow ups and exit)

NAME: **ENROLLMENT DATE:**

APPT/DATE	REASON FOR APPT/ DOCUMENTS COLLECTED AND DISBURSED