

LOSS Team Follow-Up Call

Name of Deceased: _____ Date of Initial Response: _____

Date of Follow-Up Call: _____ Survivor Contacted: _____

Responding Team Members: _____

Team Member Completing Form: _____ Date: _____

Notes:

Did you tell them they will receive additional calls? Y / N

Did you remind them about the Survivor Support Group? Y / N

Did you remind them about the Lifeline or 2-1-1? Y / N

*Make call at 2 weeks after the LOSS response. Return the completed form to Tonie or Mandi

Four County LOSS Telephone Follow up Form

Original 10/2017

Revised 01/2018