

**River Valleys Continuum of Care Coordinated Entry System
Referral Contacts Log**

***Once three attempts have been made within five days, please fill out form with final outcome and submit to CESReferrals@threeriverscap.org**

| Staff Name (First and Last Name) | Agency | Date Referred from CE | HMIS ID or Unique ID | Date of Attempted Contact | Type of Contact Phone # and email used, talk to assessor, etc. | Result of Contacts |
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| Final Outcome: | | | | | | |

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| Final Outcome: | | | | | | |