



NAMI
National Alliance on Mental Illness

Santa Cruz County

WARMLINE FORM

Your Name _____ Date: _____

Topics of Call:

- | | |
|--|---|
| <input type="checkbox"/> Support Group Information | <input type="checkbox"/> Telecare |
| <input type="checkbox"/> Class Information | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Judicial System | <input type="checkbox"/> Non-emergency Resource |
| | <input type="checkbox"/> Unfair Treatment |

Escalated Call - Escalated to you by: _____

Initial Caller Information:

Email Message Other: _____

Day and Time caller left a message/email. _____

Name: _____

Phone Number: _____

Email: _____

Description:

Call Back Attempts:

1st date/time/result: _____ 2nd date/time/result: _____

Escalated to: _____ Date: _____

FOLLOW UP for Quality Improvement (attach any appropriate emails)

Candidate for Followup Performed on: _____

(Turn over)

Participants of Family Mentor Support:

- have a positive customer experience; specifically they will recommend the service to a friend.
- have improved mental health skills, specifically ability to manage crises, as measured by a sample survey performed quarterly.

Please describe outcome:

Any Additional Information that may be helpful or help others: