For DOH Use Only:

Incident Number:

DOH Reviewer:

Health Home Incident Reporting Form

Please complete form with accurate and complete information and submit to Lauren Schultz (lzs01) via the Health Commerce System. Any questions regarding the Health Home Incident Reporting Policy or Procedure can be directed to HHRedesignation@health.ny.gov.

Health Home Information

Health Home: Greater Rochester Health Home Network LLC

Care Management Agency:

Reporter Name: Phone:

Email: Date Reported:

Member Information

Member Name: Member CIN:

Member Enroll Date: Member DOB:

Pertinent Diagnoses:

Date of Last Contact Prior to Incident:

Description of Last Contact:

Member's Current Location:

Incident Information

Incident Type: Other

Date and Time of Occurrence:

Date and Time of Discovery:

Incident Description:

Media Coverage? ○ Yes ◉ No If yes, indicate source:

Immediate Action Taken: