**Service Inquiry**

*Inquiry Date:*

*Inquiry Status:*

*Assessing Provider:    
Case Manager:*   
  
Client:      
Service:   
  
A service inquiry has been sent to you as the assessing Provider for the following client/household on the Prioritization List for the above listed service.    Please contact the client and the inquiry Provider listed below for details on the potential service match.  
  
Inquiry Provider:   
Inquiry User:          
  
Notes: