

## **SUPPLEMENTAL MATERIAL**

### **Appendix A: Referral Information (see Figure 1)**

Food referrals can include referrals to area pantries, food prescription programs, food delivery services, and SNAP/WIC. Employment referrals can include referrals to job training programs, and local job centers. Health items include referrals to health insurance, low-cost healthcare, dental care, eye care, low-cost medications, mental healthcare, and medical fee assistance programs. Public benefits can include FoodShare; BadgerCare; Women, Infants, and Children (WIC); Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI); and unemployment benefits. Skills for Work/Home can include referrals to General Education Development (GED) preparation classes and English as a second language classes. Utilities/Bill Assistance can include electricity bill assistance programs and low-cost telephone and internet services. Transportation resources can include free 2-ride bus tickets, discounted monthly bus passes, medical transportation services, job transportation services, and transportation programs intended for those with disabilities and elderly people. Household supplies can include referrals to personal essential pantries, clothing centers, programs that provide baby items. Housing resources can include referrals to shelters, rent assistance programs, eviction resources, current vacancy listings, applying for public housing and Section 8 housing, and churches that offer rent assistance. Childcare/Activities can include low or no cost daycares and preschools, after school programs for school age children. The “other” category can include health advocacy, community centers, holiday resource, domestic violence resources, resources for Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+) people, prenatal/postpartum resources, smoking cessation assistance, and access to technology.

**Appendix B:** Screener form given to each patient during the intake process. This form is available in English and Spanish.

## Navigator Form: we can help you find the services you need.

Many things can affect your health. We can work with you to find services to help deal with problems and reduce your worries. Please fill out this confidential form. We will only use it to talk to you about services that may help. Check the YES or NO box for each question.

	I worry that my food will run out before I get money to buy more.	YES	NO
	I need help with transportation.	YES	NO
	I worry that living in my home could make me or my family sick or that we are not safe in my home.	YES	NO
	I would like to know more about services to help me pay gas, electricity, or phone/cell phone bills.	YES	NO
	I need help finding programs to help get a job or train for a job.	YES	NO
	I want to learn new skills that will help me at home or at work.	YES	NO
	I want to apply for new public benefits (like FoodShare, WIC, social security disability).	YES	NO
	I want help finding child care or activities for my children to do after school or during the summer.	YES	NO
	My family needs clothing, diapers, car seats, back to school items, or other supplies.	YES	NO
	My family has a hard time buying things we need for our health like medicines, glasses, and dentist work.	YES	NO
	I need help finding legal advice about immigration, divorce, child custody or something else.	YES	NO
	I have other needs or worries that are not mentioned above.	YES	NO

## Appendix C: REDCap data entry fields for initial intake of new patients.

<b>Patient ID</b>	test
<b>Navigator Assigned:</b>	<input type="text"/> Navigator assigned to case
<b>Date of Intake</b> * must provide value	<input type="text"/> Today M-D-Y
<b>Navigator completing Intake:</b> * must provide value	<input type="text"/>
<b>Site</b> * must provide value	<input type="text"/>
<b>First Name</b> * must provide value	<input type="text"/>
<b>Last Name</b> * must provide value	<input type="text"/>
<b>Preferred Pronouns</b>	<input type="text"/> he/his/him; she/hers/her; they/theirs/their; other
<b>Street, City, State, ZIP</b>	<input type="text"/>
<b>Phone number</b>	<input type="text"/> Include Area Code
<b>Phone Number 2</b>	<input type="text"/> Include Area Code
<b>Date of birth</b>	<input type="text"/> Today M-D-Y
<b>Age (years)</b>	<input type="text"/> View equation
<b>Primary Care Provider (PCP):</b> * must provide value	<input type="text"/> Last Name of PCP
<b>Primary Language Spoken</b> * must provide value	<input type="text"/>
<b>Interpreter Needed</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Best time to contact</b>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Anytime
<b>Best day of the week</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

<b>Best days and times to contact</b>	<input type="text"/>
<b>Main Mode of transportation</b>	<input type="text"/>
<b>Pathway/s assigned</b> * must provide value	<input type="checkbox"/> Food <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Utilities/Bill Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Skills for work/home <input type="checkbox"/> Public Benefits <input type="checkbox"/> Childcare/Activities <input type="checkbox"/> Household Supplies Needed <input type="checkbox"/> Health Items Needed <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Other <input type="checkbox"/> None
<b>Case Status</b> * must provide value	<input type="text"/>
<b>Is this a Complex Case?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Provide a brief description of the patient's account of the current situation with particular attention to current housing situation, family stresses, patients' stated priorities, support system and past experiences with community organizations.</b> * must provide value	<input type="text"/>
<b>What are some supports that the patient currently has in place? This can look like organizations the patient is already affiliated with for services, family and friends in area who are supportive, or characteristics of strength the patient exhibits during your interactions.</b> * must provide value	<input type="text"/>
<b>What goals will the patient and Navigator be working towards? The patient always leads the process of setting goals. Try to make the goals as measurable and clear as possible. (Goal Ex: Patient is able to get a free ride to all of their medical appointments when visiting the doctor every month.)</b> * must provide value	<input type="text"/>
<b>Additional Documents</b>	<a href="#">Upload file</a>
<b>Patient Letter</b>	<a href="#">Upload file</a>
<b>Patient Resources</b>	<a href="#">Upload file</a>



**Appendix D: REDCap entry fields for encounters with patients.**

<b>Patient ID</b>	test
<b>Date of Contact</b> <small>* must provide value</small>	<input type="text"/> Today M-D-Y
<b>Time of contact</b> <small>* must provide value</small>	<input type="text"/> Now H:M
<b>Navigator Name</b>	<input type="text"/>
<b>Patient agrees to continued follow-up?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
	<a href="#">reset</a>
<b>Summarize work done on this case:</b>	<div style="border: 1px solid #ccc; height: 60px;"></div>
	<a href="#">Expand</a>
<b>What Navigator will do before next follow up?</b>	<div style="border: 1px solid #ccc; height: 60px;"></div>
	<a href="#">Expand</a>
<b>What Patient will do before next follow up?</b>	<div style="border: 1px solid #ccc; height: 60px;"></div>
	<a href="#">Expand</a>
<b>What will Navigator and Patient Discuss at next follow up? Questions for Patients?</b>	<div style="border: 1px solid #ccc; height: 60px;"></div>
	<a href="#">Expand</a>
<b>Next follow up:</b>	<input type="text"/> Today M-D-Y
<b>Pathway/s assigned (Resources Provided)</b> <small>* must provide value</small>	<input type="checkbox"/> Food <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Utilities/Bill Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Skills for work/home <input type="checkbox"/> Public Benefits <input type="checkbox"/> Childcare/Activities <input type="checkbox"/> Household Supplies Needed <input type="checkbox"/> Health Items Needed <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Other <input type="checkbox"/> None
<b>Additional Documents</b>	<a href="#">Upload file</a>
<b>Patient Letter</b>	<a href="#">Upload file</a>
<b>Patient Resources</b>	<a href="#">Upload file</a>