Military One Source
Case Activity Form
Participant Addendum (CAF-PA)

Instructions: For all couples and/or family cases, complete this Participant Addendum for every additional participant who attended the session. Submit along with the Case Activity Form (CAF).

Authorization Number

Date of Service (mm/dd/yy)

		/			/			

Additional Participant # 1
Information:

Relationship to Participant:_____ **Gender:** O Male O Female

Age

Missed Appt./Not Present: O Yes O No

Statement of Understanding (SOU) Signed: O Yes O No (SOU must be signed by all participants)

Additional Participant # 2
Information:

Relationship to Participant:_____ **Gender:** O Male O Female

Age

Missed Appt./Not Present: O Yes O No

Statement of Understanding (SOU) Signed: O Yes O No (SOU must be signed by all participants)

This form is due within 30 days of the date of service.

Please Fax to 877-762-1356 or Submit Electronically via ProviderConnect