



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

Grid for entering Authorization Number (15 cells)

Date of Service (mm/dd/yy)

Grid for entering Date of Service (mm/dd/yy) (7 cells)

Additional Participant # 1
Information:

Relationship to Participant: _____

Gender: O Male O Female

Age

Grid for entering Age (2 cells)

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

Grid for entering Age (2 cells)

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