SUPPLEMENTAL MATERIAL

Appendix A: Referral Information (see Figure 1)

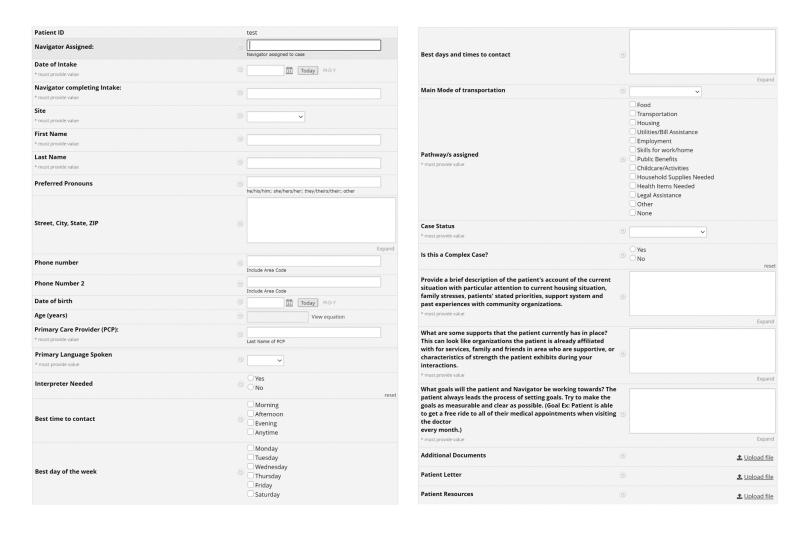
Food referrals can include referrals to area pantries, food prescription programs, food delivery services, and SNAP/WIC. Employment referrals can include referrals to job training programs. and local job centers. Health items include referrals to health insurance, low-cost healthcare, dental care, eye 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'm already homeless or I worry that I or my family could become homeless.	YES	NO
	I would like to know more about services to help me pay gas, electricity, or phone/cell phone bills.	YES	NO
JOBS IN IN I	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
AAAA	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
60/1	My family has a hard time buying things we need for our health like medicines, glasses, and dentist work.	YES	NO
50	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.



Appendix D: REDCap entry fields for encounters with patients.

Patient ID	test	
Date of Contact * must provide value	H [31 [Today M-D-Y
Time of contact * must provide value	B No.	W H:M
Navigator Name	B	
Patient agrees to continued follow-up?	Yes No Not applicable	reset
Summarize work done on this case:	H	Expand
What Navigator will do before next follow up?	H	Expand
What Patient will do before next follow up?	H	Expand
What will Navigator and Patient Discuss at next follow up? Questions for Patients?	Ð	Expand
Next follow up:	H 31	Today M-D-Y
Pathway/s assigned (Resources Provided) * must provide value	Food Transportation Housing Utilities/Bill Assis Employment Skills for work/h Public Benefits Childcare/Activiti Household Supp Health Items Nee Legal Assistance Other None	stance ome lies lies Needed eded
Additional Documents	H	₫ <u>Upload file</u>
Patient Letter	H	₫ <u>Upload file</u>
Patient Resources	H	1 <u>Upload file</u>