



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:  Male  Female

Age

--	--

Missed Appt./Not Present:  Yes  No

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

---

**Additional Participant # 2  
Information:**

Relationship to Participant: \_\_\_\_\_

Gender:  Male  Female

Age

--	--

Missed Appt./Not Present:  Yes  No

Statement of Understanding (SOU) Signed:  Yes  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**