

# COMMUNITY CARE PLAN

Date:		Primary Coordinator (LLC)				
PATIENT INFORMATION						
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell Phone:	Home phone no.: (    )		
P.O. box:		City:	State:	ZIP Code:		
PCP:		Care Coordinator:		Diagnosis:		
Care Team:		Contact info:				

CARE PLAN		
	PERSON RESPONSIBLE	DUE DATE
Treatment Goals:		
Patient Goals:		
Shared Strengths:		
Potential Barriers:		
Action/Self Mgt Plan:		

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to patient:	Home phone no.: (    )	Work phone no.: (    )

## Care Plan Domains & Definitions

Domain	Definition
<b>Addiction</b>	Communicate concepts necessary to address a chronic, often relapsing brain disease related to alcoholism or licit or illicit drugs. Base core concepts in a harm reduction framework and work to build trust and understanding while also addressing safety and health concerns. Connect patient to available treatment resources as requested. Approach patient with unconditional positive regard.
<b>Advocacy and Activism</b>	Empower patient to share story and advocate for better care for themselves and community (i.e. connecting patient to Community Advisory Committee and inviting patient to speak to the press).
<b>Benefits &amp; Entitlements</b>	Assess eligibility for and connect patients to government entitled safety net programs including but not limited to: food stamps, social security, Medicaid, VA benefits, and unemployment compensation.
<b>Education and Employment Connection</b>	Assess patient for educational and employment needs. Connect patient to resources to increase literacy, access to educational and employment opportunities including but not limited to GED programs, college courses, trade programs and employment opportunities.
<b>Family, Personal and Peer Support</b>	Assist patient and family to access and secure supportive resources that bolster patient and caregiver well-being (i.e. Home health aides, senior care, respite care, personal care attendant). Connect individuals with common illnesses and/or life experiences to share knowledge, mutual support and guidance
<b>Food and Nutrition</b>	Assist patient to gain immediate access to food, and connect patient to a sustainable support to receive long term access to food. Communicate and teach concepts related to healthy food choices.
<b>Health Maintenance, Management, and Promotion</b>	Communicate and teach concepts necessary for patients to self-manage their chronic diseases on a day-to-day basis, with a particular emphasis on concepts posing a safety risk to patients. Grow patient's ability to effectively self-manage their health.
<b>Housing and Environment</b>	Assess patient's present living conditions of the home and identify and work to address immediate issues with safety and/or stability. Connect patient to resources that improve safety and/or long-term housing stability.
<b>Identification</b>	Assess if patient has access to government issued state ID, birth certificate and social security card for the purposes of verifying eligibility requirements that may be required in other domains. Assist patient in gaining access to ID, birth certificate and social security card.
<b>Legal</b>	Assist patient to address current legal issues (i.e. criminal charges, warrants, parole, probation, child support, financial etc.) that are impacting access to services, quality of life and overall well-being. Connect patient to available resources to help address long-term legal issues.
<b>Medication and Medical Supplies</b>	Assist patient with access, knowledge, adherence, safety, and disposal of medications. Connect patient to resources for long term access, adherence, and safety related to medication. Assess all patient equipment to ensure it is functional and assist patient in obtaining all equipment necessary to manage their chronic diseases and support activities of daily living. Communicate and teach concepts to patient about accessing and obtaining medical equipment.
<b>Mental Health</b>	Assist patient in gaining access to resources to address mild, moderate or severe mental health diagnosis. In many instances this may include connecting patient to a resource to get an accurate diagnoses of a perceived mental health issue and treatment to manage this illness whether in a primary care or outpatient mental health setting. Examples of diagnoses include acute depression or anxiety or more long-term diagnoses such as major depression, schizophrenia, bipolar disorder or PTSD. Patient may have addiction issue in addition to a mental health diagnosis. Please refer to the Addiction domain as needed. Approach patient with unconditional positive regard.
<b>Provider Relationship Building</b>	Assist patients to achieve two-way communication with their providers, with a specific emphasis on valuing a patient's voice and concerns about his/her healthcare.
<b>Transportation</b>	Communicate and teach concepts to patient about available transportation resources. Connect patient to community and government transportation options so patient can independently move throughout the community, as well as to and from medical and social services.
<b>Patient Specific Wildcard</b>	Any task or activity that does not fall into another, established domain.