

CARE PLAN

Client Name		Care Plan Date	/ /
Client ID#		Case Manager	

Problem/Primary Barriers *(circle all that apply)*

Access to end of life services Burned Bridges Caregiving Responsibilities Childcare Child Welfare Communication Complex Medication Regimen Dental Care	Difficulty w/Follow-through Disability Determination Discrimination Doubts Medication Effectiveness Drug and Alcohol Education Financial Food Health	High Risk Behaviors Home Support/Placement Household/Personal Needs Housing Insurance Lack of Eligibility Determining Documentation Lacks a Regular Schedule	Language Legal Medication Adherence Medications Side Effects Mental Health/Depression Social/Emotional Support Transportation Undisclosed HIV status Work Related Issues Other:
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Prioritized Issues/Problem Descriptions

Tasks/Description	Owner	Target Date	Resolution Date/Outcome

Client's Statement and Agreement: I have participated in the creation of this plan for my care. I understand that I have to take responsibility for MY plan in order for the plan to succeed. The case manager has explained to me what portions of the plan I am solely responsible for and those that my case manager will assist me with. I agree to follow all aspects of this plan and advise my case manager if there are significant changes in my life that makes it necessary to change my plan. I agree to stay in contact with my case manager as planned. My case manager has discussed with me the consequences if I don't keep this agreement.

Client Signature _____ Case Manager Signature _____