

**Health Care for the Homeless, Inc.
INTERDISCIPLINARY CARE PLAN**

Case Manager:	Goal	Objective	Action / Date	Outcome
1. Increase client access to income through employment and entitlements	<input type="checkbox"/> Obtain Employment <input type="checkbox"/> Obtain Entitlements	Refer to / Monitor application: <input type="checkbox"/> Genesis Job <input type="checkbox"/> Voc. Rehab. <input type="checkbox"/> Other Apply / Monitor application: <input type="checkbox"/> TEMHA <input type="checkbox"/> Bus Pass <input type="checkbox"/> FS <input type="checkbox"/> SSDI, SSI <input type="checkbox"/> Other		
2. Increase client access to housing through application and referral to community housing resources	<input type="checkbox"/> Obtain Transitional Housing <input type="checkbox"/> Obtain Subsidized Housing <input type="checkbox"/> Obtain Private Housing <input type="checkbox"/> Obtain Supportive/Assisted Housing	Apply / Monitor application: <input type="checkbox"/> PLASE <input type="checkbox"/> Other Apply: <input type="checkbox"/> HABC, Sec. 8 <input type="checkbox"/> HESU <input type="checkbox"/> S+C <input type="checkbox"/> RAP <input type="checkbox"/> Other <input type="checkbox"/> Landlords		
3. Increase client access to health insurance through facilitating the application process	<input type="checkbox"/> Obtain / Keep MPC <input type="checkbox"/> Obtain / Keep Health Choice Coverage	Refer/Monitor application: <input type="checkbox"/> APS <input type="checkbox"/> Dom Care <input type="checkbox"/> BMHS <input type="checkbox"/> Project HOME	<input type="checkbox"/> Apply / Monitor MPC <input type="checkbox"/> Apply / Monitor Health Choice	
4. Improve health outcomes in coordination with the interdisciplinary plan of care	Coordinate the interdisciplinary plan of care.		<input type="checkbox"/> Monitor compliance with appts <input type="checkbox"/> Track referrals and follow-up	
5. Improve outcomes for mental health and/or addiction services.	<input type="checkbox"/> Obtain / Keep SA Tx. Services <input type="checkbox"/> Obtain / Keep MH Services	Refer for / Maintain SA TX. <input type="checkbox"/> Individual SA TX plan completed <input type="checkbox"/> Other Refer for / Maintain MH TX. <input type="checkbox"/> Individual MH TX plan completed <input type="checkbox"/> Connect to specialized MH TX <input type="checkbox"/> Other		

Case Transferred to: _____ Date: _____ Client Signature: _____

CLIENT LAST NAME: _____ FIRST: _____ HCH#: _____