

Care Plan

"Confidential- this form must always be saved on a secure network accessible only by Ryan White funded staff"

Client name _____

Care plan date ____ / ____ / ____

Problem/primary barriers (check all that apply)			
<input type="checkbox"/> Basic needs <input type="checkbox"/> Lack food <input type="checkbox"/> Difficulty accessing assistance <input type="checkbox"/> Lack of household/personal items <input type="checkbox"/> Work related issues <input type="checkbox"/> Home support/placement <input type="checkbox"/> Language <input type="checkbox"/> Legal <input type="checkbox"/> Transportation <input type="checkbox"/> No personal transportation <input type="checkbox"/> Unable to pay for personal transportation <input type="checkbox"/> Risk Reduction <input type="checkbox"/> High risk behaviors <input type="checkbox"/> No understanding of risks <input type="checkbox"/> Undisclosed HIV status	<input type="checkbox"/> Health insurance/medical coverage <input type="checkbox"/> No insurance/medical coverage <input type="checkbox"/> Disability determination <input type="checkbox"/> Lack of eligibility documents <input type="checkbox"/> Self sufficiency <input type="checkbox"/> Burned bridges <input type="checkbox"/> Communication issues <input type="checkbox"/> Difficulty w/follow-through <input type="checkbox"/> Unable to fill out own forms <input type="checkbox"/> Needs financial assistance <input type="checkbox"/> Housing <input type="checkbox"/> Housing in jeopardy <input type="checkbox"/> Homeless <input type="checkbox"/> Knowledge of HIV disease <input type="checkbox"/> Ignorant of HIV disease	<input type="checkbox"/> Mental health <input type="checkbox"/> Depression <input type="checkbox"/> Social/emotional support <input type="checkbox"/> Discrimination <input type="checkbox"/> Willing to get help, none available <input type="checkbox"/> Unwilling to get help <input type="checkbox"/> Addictions <input type="checkbox"/> Willing to get help, none available <input type="checkbox"/> Unwilling to get help <input type="checkbox"/> Adherence <input type="checkbox"/> Lacks a regular schedule <input type="checkbox"/> Medication side effects <input type="checkbox"/> Doubts med. Effectiveness <input type="checkbox"/> Complex regimen	<input type="checkbox"/> Medical needs <input type="checkbox"/> Poor health <input type="checkbox"/> Needs HIV care referral <input type="checkbox"/> Needs treatment for non-HIV condition <input type="checkbox"/> Medical emergency <input type="checkbox"/> Nutrition <input type="checkbox"/> Wasting syndrome <input type="checkbox"/> Problems with nutrition <input type="checkbox"/> Severe problems eating <input type="checkbox"/> Oral health <input type="checkbox"/> No regular dentist <input type="checkbox"/> Current tooth/gum pain <input type="checkbox"/> Difficulty eating/taking <input type="checkbox"/> Other <input type="checkbox"/> Care giving responsibilities <input type="checkbox"/> Child care/child welfare

Prioritized issues/problem descriptions

Tasks/description	Owner	Target date	Resolution date/outcome
		/ /	/ / -
		/ /	/ / -
		/ /	/ / -
		/ /	/ / -
		/ /	/ / -

(Optional) Client signature may be obtained based on the discretion of the case manager. Case manager signature is required.

Client's Responsibility/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. My case manager/health advocate has explained to me what portions of the plan I am solely responsible for and those that my case manager/health advocate will assist me with. I agree to follow all aspects of this plan and advise my case manager/health advocate if there are significant changes in my life that make it necessary to change this plan. I agree to stay in contact with my case manager/health advocate as planned. My case manager/health advocate has discussed with me the consequences if I don't keep this agreement.

Client signature _____

Date ____ / ____ / ____

Case manager signature _____

Date ____ / ____ / ____