

**Care Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**After completing assessment/follow-up of WFNJ#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The client will require assistance in the following areas:**

**\_\_\_ Eligibility troubleshooting Medicaid and cash**

**\_\_\_ DVR referral**

**\_\_\_ GED classes/literacy training**

**\_\_\_ Intake appointment and reminder phone call to attend**

**\_\_\_ Transportation assistance/logisiticare**

**\_\_\_ Schedule transportation**

**\_\_\_ UDS Referral (fax release, arrange randomly, obtain and enter results)**

**\_\_\_ Medical (locations, clinics, arrange appointments)**

**\_\_\_ Dental (locations, clinics, arrange appointments)**

**\_\_\_ HIV Testing- site location and hours**

**\_\_\_ Domestic Violence/ Shelters and related services for women, children and family**

**\_\_\_ Referral for trauma counseling**

**\_\_\_ Free Cell phone (if available)**

**\_\_\_ Extended Evaluation/OEE**

**\_\_\_ LSNJ Referral and SSI assistance (how many times denied?)**

**\_\_\_ Residential services facilitation**

**\_\_\_ Detox Facilitation**

**\_\_\_ Halfway House**

**\_\_\_ Oxford House phone numbers and location**

**\_\_\_ Planned Parenthood (women’s health services, pregnancy testing, prenatal care)   
\_\_\_ Legal Assistance (Community Health Law Project)**

**\_\_\_ Homeless shelters, low income housing resources, EA**

**\_\_\_ Food Pantries, clothing resources**

**\_\_\_ Smoking Cessation**

**\_\_\_ Energy Assistance Program for utility bills**

**\_\_\_ Services for Children (head start, behavioral health, any children have special needs?)**

**\_\_\_ Services for disabled**

**\_\_\_ Follow up to sign Treatment Agreement or new releases**

**\_\_\_ Schedule appointment for Mental Health Provider**

**\_\_\_ ID assistance for clients (Drivers License, Birth Certificate, Social Security card, etc.)**

**\_\_\_ Complete Recipient Treatment form or CC Plan with client**

**\_\_\_ Veteran’s services/VA support**

**\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**