



Connections Program – Care Management Plan Guideline

Name: _____

A care management plan is created to uniquely support you and your family's needs. All of the information is confidential. An objective of Connections program is to support your journey toward self-sufficiency and we try to take a family, needs-centered approach to do this. Please fill in the following:

Please list your top **5** largest needs or concerns that you believe are hindering your journey toward self-sufficiency.

1 being the highest priority

- | | |
|-----------------------------|-------------------------------|
| ____ Abuse/Assault | ____ Aging Family Member |
| ____ Alcohol/Drug Addiction | ____ Employment Issues |
| ____ Child Care Barriers | ____ School (child/adult) |
| ____ Financial Need | ____ Food/Nutrition |
| ____ Gambling | ____ Grief/Death |
| ____ Health/Medical | ____ Housing |
| ____ Legal | ____ Mental Health/Counseling |
| ____ Parenting | ____ Transportation needs |

Circle Yes or No - Are you able to find a one-time volunteer opportunity? (Faith community, at the child care, reading to a child, etc.) If you can not think of a volunteer opportunity, we will help.

The other items you listed above will be addressed in your care management program.