

Idaho Ryan White Medical Case Management Wellness Plan

Client Name		Date	
Client URN		Case Manager	

Complete following goals (in no particular order) as applicable:

Goal: Financial and Resource			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Substance Abuse and Mental Health			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Housing			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Domestic Violence			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Vaccination Needs			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Transportation			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Nutrition and Basic Needs			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

Goal: Adherence			
Presenting Issue(s):			
Objectives	Key Action Steps	Person Responsible	Evaluation Methods

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: _____

Date: _____

Witness Signature: _____

Date: _____