Care Plan Information		Enrollee Information		
One Care Plan and Phone		Enrollee Name		
One Care Member ID		Enrollee Address		
Care Coordinator Name		Enrollee Date of birth		
Care Coordinator Office Phone		Enrollee Phone		
Care Coordinator Mobile Phone		Enrollee Mobile Phone		
Care Coordinator Email		Enrollee Email		
After Hours Contact Number (to reach a live on call person)		Enrollee Emergency Contact & Phone		
		Enrollee Preferred Language		
Date of Last of Assessment		Next Assessment Date		
Care Team Members & Title				
1.		3.		
2.		4.		

	Goals	Notes
Care Goals	1.	
[Timeframe, ex. January –June 2016]	2.	
	3.	
	4.	
Previous Care Goals	1.	
[Timeframe, ex. July –December 2015]	2.	
	3.	

In case of an emergency, call 911

To call using MassRelay, call 711

If you have questions about your rights within One Care or concerns about your care, contact the One Care Ombudsman

Toll-free: 855-781-9898