|  |  |
| --- | --- |
| **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. |  |

|  |  |  |
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|  |  |  |
|  | **Goals** | **Notes** |
| Care Goals[Timeframe, ex. January –June 2016] | 1.2.3.4. |  |
| Previous Care Goals[Timeframe, ex. July –December 2015] | 1.2.3. |  |