



Community Based Care Program

Nikki



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The Community Based Care Program supports people living with HIV to maintain and improve their physical and mental health by staying engaged in their healthcare. The team will work closely with your current medical team, but can provide a level of services and support that is not available within a regular clinic setting.

The program can assist in many different ways, depending on each persons' needs, strengths, and goals. You are being referred for:

- Helping you coordinate scheduling and/or transportation to appointments
- Helping you coordinate care between multiple health care providers or clinics
- Coordinating tele-health appointments or blood draws for home-bound patients
- Helping you find ways to take medications as prescribed
- Connecting you with support groups for HIV or other illnesses
- Connecting you to other programs that can help with:
 - Housing needs
 - Substance use treatment
 - Mental health treatment
 - Aging resources
 - Other social benefits and services
- Checking in on you in your home or another community setting (such as a shelter, hospital, medical rehab program, drug rehab program, other clinic etc.)
 - Checking for medical equipment needs and safety of your home setting
 - Checking on your medications and how you take them
 - Providing you with support to define and meet your goals
- Other:



Consent to Receive Services from the JACQUES Initiative Community Based Care Program

Name: _____ Preferred Phone #: _____

DOB: _____ Alternate Phone #: _____

Full Address: _____

THRIVE Clinician: _____ THRIVE Social Worker: _____

*Must have an address or phone # to enroll in program.

I agree to be contacted by the JACQUES Community Based Care Program for the services checked off on the front of this form, and I want to receive these services. I understand that services can be provided at a health-care facility, by phone, and/or in my home or community.



Signature _____ Date _____

Consent to Release Information to and Receive Information from Partner Agencies

I give my permission for JACQUES to contact other medical centers or agencies in order to:

- Submit applications for supportive services (e.g. housing, insurance, meal programs, mental health, etc.) on my behalf
- Obtain appointment and medical information that is needed to help coordinate my medical care and supportive services
- Share appointment and medical information that is needed to help coordinate my medical care and supportive services

Signature _____ Date _____

*This consent is valid for 2 years from date of signature, and can be rescinded at any time.

Instructions

- Make a copy of completed form. Give original to patient.
- Offer to add phone #s from front to patients phone contacts.
- Send referral to Community Based Care team:
 - Use Haiku to take photo of front and back of this form. Paste into documentation only note in Epic. Route to Nicole Akparewa.
 - Send a copy to Medical Records department. Epic message Nicole Akparewa.
- Community Based Care team will evaluate patient for appropriateness based on any of the following: referral information, conversation with patient, and conversations with current health care team
- Community Based Care Program team will contact patient within 3 days
 - If can't be reached after 3 attempts, referring clinician will be notified.

