## Idaho Ryan White Medical Case Management Wellness Plan

Client Name	Medical Case Manager	Date	

## Complete following goals as applicable (if appropriate, please write "No needs at this time")

complete join wing goals as applicable (if appropriate, picuse write into ite	cus at till	<i>s time y</i>				
Financial Concerns Goal:						
Task 1:						
Step 1:	Date:	Person Responsible:				
Step 2:	Date:	Person Responsible:				
Follow up (who, when and how):						
Task 2:						
Step 1:	Date:	Person Responsible:				
Step 2:	Date:	Person Responsible:				
Follow up (who, when and how):						
Medical Care Resources Goal:						
Task 1:						
Step 1:	Date:	Person Responsible:				
Step 2:	Date:	Person Responsible:				
Follow up (who, when and how):						
Task 2:						
Step 1:	Date:	Person Responsible:				
Step 2:	Date:	Person Responsible:				
Follow up (who, when and how):						
Substance Abuse: Goal						
Task 1:						
Step 1:		Person Responsible:				
Step 2:	Date:	Person Responsible:				
Follow up (who, when and how):	<u>I</u>					

Mental Health Goal:					
Task 1:					
Step 1:	Date:	Person Responsible:			
Step 2:	Date:	Person Responsible:			
Follow up (who, when and how):					
Housing Goal:					
Task 1:					
Step 1:	Date:	Person Responsible:			
Step 2:	Date:	Person Responsible:			
Follow up (who, when and how):					
Domestic Violence Goal:					
Task 1:					
Step 1:	Date:	Person Responsible:			
Step 2:	Date:	Person Responsible:			
Follow up (who, when and how):					
Vaccination Needs Goal:					
Task 1:					
Step 1:	Date:	Person Responsible:			
Step 2:	Date:	Person Responsible:			
Follow up (who, when and how):					
Transportation Needs Goal:					
Task 1:					
Step 1:		Person Responsible:			
Step 2:	Date:	Person Responsible:			
How will task completion be communicated (i.e. describe who, when and how)?					

Nutrition and Basic Needs Goal:				
Task 1:				
Step 1:		Date:	Person Responsible:	
Step 2:		Date:	Person Responsible:	
Follow up (who, when and how):				
Adherence Goal:				
Task 1:				
Step 1:		Date:	Person Responsible:	
Step 2:		Date:	Person Responsible:	
Follow up (who, when and how):	<u>,                                    </u>			
Task 2:				
Step 1:		Date:	Person Responsible:	
Step 2:		Date:	Person Responsible:	
Follow up (who, when and how):	,			
Next Meeting With Medical Case Manager:				
Client's Statement and Agreement: I have participated in the creation of this p for my plan in order for the plan to succeed. The case manager has explained t those that my case manager will assist me with. I agree to follow all aspects of changes in my life that makes it necessary to change my plan. I agree to stay in has discussed with me the consequences if I don't keep this agreement.	o me what portions of the f this plan and advise my	e plan I am case mana	solely responsible for and ger if there are significant	
Client Signature:	Date:	Date:		
Witness Signature:	Date:			
For Office Use Only: Copy of given to client: □ Yes □ No				