



Florida's Choice

HEALTH CARE

What can we help you with?

Client Name: _____ DOB: ___/___/___ Phone: _____

Emergency Contact/POA: _____ Phone: _____

Please Check All That Apply

- Make sure care is received in a safe and disability friendly environment**
- Resolve family conflicts and other family issues relating to long-term care**
- Assist in the coordination of care for a loved one with out-of-town families**
- Assistance with video and tele-health virtual monitoring programs**
- Provide home safety evaluations and accessibility assessments**
- Help with Insurance questions, Medicaid qualifications, and applications**
- Help arrange for services of legal/financial advisors, P.O.A's and Guardians**
- Provide assistance with placement in Assisted Living – Rehabilitation - Home Health**
- Monitor the care of a family member in a nursing home or in assisted living**
- Assist families in positive decision making**
- Develop long range plans for older loved ones not now needing care**
- Coordinate efforts of key support systems and arrange Durable Medical Equipment**
- Other? Please explain:**
