



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:**
