

CARE COORDINATION SCREENING QUESTIONS

If one or more of the questions below indicate an unmet care coordination need, consider a referral to the Center for Care Coordination.

1. Do you have questions about what services and supports are available to help your child and family?

□ YES

2. Do you or your family members need help with any urgent or pressing problem right now?

□ YES □ NO

3. Have you or any family members you live with been **unable** to get any of the following when it was **really needed**?

□ Food

□ Utilities

□ Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)

□ Clothing

□ Child Care

4. Are you overwhelmed and need additional support navigating services and supports in your community?

 \Box NO