

Community Health Connections Health Home Member Acknowledgement Form

*Complete this form each time one of the five activities listed below is completed.
More than one activity may be checked if more than one activity was completed during the visit.*

Member Name: _____

Date of Acknowledgement: _____

The following annual activities were completed with the Member:

(Note each of these activities must be completed at least once annually)

- Health Home Consent Form Reviewed for Accuracy (DOH 5055)
- Health Home Member Bill of Rights Reviewed
- Comprehensive Assessment Annual Update Completed
- SDOH Screening Tool Annual Update Completed

- Plan of Care – I actively participated in the creation of my individual Plan of Care and agree with the Plan.

Member Signature

Date

Care Coordinator Signature

Date