

Bel Air Fax #: 410-420-3435

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Just received health insurance and live in Harford County?
* Have Medicaid, a Qualified Health Plan, Medicare, Other Health Insurance or Uninsured?
* Need help finding a doctor or navigating the system?

![C:\Users\lseippel\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I4GYJ8VU\MC900078811[1].wmf]()

Call 410-838-1500 and mention Care Coordination Plus or check off your needs below and hand it to a Health Department employee! Services are provided at no-cost.

I am interested in assistance with:

□ Health Insurance □ Drug/Alcohol Education

□ Physicians / Doctors □ Mental Health/Depression/Anxiety

□ Cancer Screenings □ Dental

□ Support Groups □ OB/GYN/Birth Control

□ Immunizations □ Smoking

□ GED Programs □ Job Training/Job Corps

□ Food Assistance □ Baby formula

□ Housing Assistance □ HIV/STD Testing

□ Transportation □ Vision

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(used to verify MA is accessible by doctors)

Client Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_