

Question 1: Do you have a place where you regularly take your [child/youth] for health care?

Answer: No/ Don't Know/ Not Sure

Goal Statement: [Child/Youth] will have a primary care provider and medical home for all of his/her regular health needs.

Question 8: Does [child/youth's] health insurance pay for all of the health services [he/she] needs?

Answer: No/ Don't Know/ Not Sure

Goal Statement: Family, along with their Care Coordinator, will determine the availability of additional resources to help meet needs.

Question 10: What other supports or services do you need to manage your [child/youth]'s needs?

Answer: One or more boxes checked

Goal Statement: Family demonstrates ability to identify and obtain resources necessary for management of [child/youth]'s needs *(modify statement to fit items identified)*.

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Dear HCP Care Coordinator:

This Goal Statement Cheat Sheet has been created for you to use when out on a site visit and/or if your agency has chosen not to auto-populate your action plans using CDS.

If a family answers “NO” or “Don’t Know/Not Sure” to questions 1, 8 or 10 on the Intake Interview, those questions should be flagged as goals to be included on the child/youth’s Action Plan.

Please use the goal statements on the back side of this page when creating your action plans.

www.hcpcolorado.org



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