



HENRY COUNTY CARES

*Linking Healthcare and Social Services for
Henry County Residents*

About the Program

Henry County Cares bridges the gap between residents and the services they need. Community Health Workers (CHWs) in the program work with their clients to get them connected to the resources they need, address barriers to care and other social determinants of health.

CHWs can help

Reduce hospital readmissions
Stay up to date with preventative care
Reduce barriers to care
Improve clinical outcomes

Our Services

- ✓ Connect to healthcare and resources
- ✓ Patient follow-up
- ✓ Addressing food, transportation and housing issues
- ✓ Interpretation for Spanish speaking clients
- ✓ Emotional support and informal counseling

To refer a client
419-599-5545

Client Information

Name: Date of Birth: / / Race/Ethnicity:

Address:

City: State: Zip Code:

Phone: Cell Home Work () - Email:

Phone: Cell Home Work () -

Referred By

Name: Agency:

Phone: () - Email:

Risk Factors

Please Check All that Apply

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Housing	<input type="checkbox"/> Medical Home	<input type="checkbox"/> Stress
<input type="checkbox"/> Childcare	<input type="checkbox"/> Health Education	<input type="checkbox"/> Medical Appointment Follow-up	<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Clothing	<input type="checkbox"/> Insurance	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Transportation
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Obesity	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Education Assistance	<input type="checkbox"/> Job/Employment	<input type="checkbox"/> Oral Health	Due Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Legal	<input type="checkbox"/> Physically Inactive	<input type="checkbox"/> Other (Enter Below)
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Low Income	<input type="checkbox"/> Poor Diet	<input type="text"/>
<input type="checkbox"/> Food	<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Social Service Referral	<input type="text"/>

Additional information that may be helpful

Consent

By signing below, I consent for (Referring Agency) to share the above information with Northwest Ohio Pathways HUB for the purposes of enrollment into Henry County Cares program.

Signature: Print Name: Date: / /