### TNAAP Care Coordination RFNC Screener

**Use with TNAAP Care Coordination Core Plan**

1) **Do you have questions about your/your child's treatment plan or medical condition?**
   - Understanding medical condition
   - Therapies
   - Specialist's Roles
   - Treatment Plan
   - Medications
   - How to success immunizations
   - When to communicate with my doctor
   - Other: 

2) **Do you have concerns about your/your child's health or health related needs?**
   - Accessing medications
   - Medical Supplies
   - Pain/discomfort
   - Health Insurance/Medicaid
   - Medical Supplies
   - Adaptive Equipment
   - Bowel or Bladder
   - Dental care
   - Orthotics/Prosthetics
   - Hearing/Seeing
   - Accessing specialists
   - Mobility equipment
   - Breathing or Heart
   - Other: 

3) **Do you need information on how to find or access any of the following resources?**
   - Food
   - Utility Bills
   - Respite/Attendant Care
   - Clothing
   - Diapers
   - Transportation
   - Housing
   - Daycare/Childcare
   - Other: 

4) **Do you have questions about how to access:**
   - Nutrition/Feeding Supplies
   - Nutritionist Services
   - Other: 
   - Weight Management
   - WIC/Food Stamps

5) **Do you need information on how to access:**
   - School Services
   - Job Assistance
   - Social/recreational/Sports Needs
   - Early Intervention services
   - Legal Resources
   - Special Needs Services
   - Vocational Rehab

6) **Do you have concerns about your/your child’s:**
   - Behavior
   - Eating
   - Self Care
   - Development
   - Potty Training/Toileting
   - Mobility
   - Bathing/Dressing
   - Communication
   - Independent Living

7) **Are you or your child concerned about:**
   - Anger
   - Depression
   - Risk Taking Behavior
   - Bullying
   - Loneliness
   - Other: 

8) **Are you/your child concerned about violence at home/school?**
   - Yes
   - No