TNAAP Care Coordination RFNC Screener

Use with TNAAP Core Coordination Core Plan

1) Do you have questions about your/your child's treatment plan or medical condition?

- o Understanding medical condition
- o Treatment Plan
- o Emergency Plan
- o Therapies
- o Medications
- o When to communicate with my doctor
- o Specialist's Roles
- o How to success immunizations
- o Other:______________________

2) Do you have concerns about your/your child's health or health related needs?

- o Accessing medications
- o Health Insurance/Medicaid
- o Dental care
- o Accessing specialists
- o Medical Supplies
- o Adaptive Equipment
- o Orthotics/Prosthetics
- o Mobilitv equipment
- o Pain/discomfort
- o Bowel or Bladder
- o Hearing/Seeing
- o Breathing or Heart
- o Other: ______________________

3) Do you need information on how to find or access any of the following resources?

- o Food
- o Clothing
- o Housing
- o Utility Bills
- o Diapers
- o Daycare/Childcare
- o Respite/Attendant Care
- o Transportation
- o Other:______________________

4) Do you have questions about how to access:

- o Nutrition/Feeding Supplies
- o Weight Management
- o Nutritionist Services
- o WIC/Food Stamps
- o Other:______________________

5) Do you need information on how to access:

- o School Services
- o Early Intervention services
- o Vocational Rehab
- o Job Assistance
- o Legal Resources
- o Social/recreational/Sports Needs
- o Special Needs Services

6) Do you have concerns about your/your child's:

- o Behavior
- o Development
- o Bathing/Dressing
- o Communication
- o Eating
- o Potty Training/Toileting
- o Independent Living
- o Self Care
- o Mobility

7) Are you or your child concerned about:

- o Anger
- o Bullying
- o Depression
- o Loneliness
- o Risk Taking Behavior
- o Other:______________________

8) Are vou/vour child concerned about violence at home/school? Yes No