

Dear Provider,

☐ Finger Lakes Office
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Canandaigua, NY 14424
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Rochester Office 687 Lee Rd. Suite C-185 Rochester, NY 14606 Phone: 585-413-3752 Fax: 585-484-2810

Niagara Falls Office
 3900 Packard Rd.
 Niagara Falls, NY 14303
 Phone: 716-285-8070
 Fax: 716-285-8250

☐ Olean Office

343 North Union St.

Olean, NY 14760

Phone: 716-376-9996

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Jamestown Office

421 E. 2nd St., Suite 2F Jamestown, NY 14701 Phone: 716-870-8857 Fax: 716-483-1613 Attached you will find a Care Plan for our mutual patient, ______. I am currently working with the above stated client in the DOH Health Home Care Management Program through Venture Forthe's Care Management Agency. The purpose of this letter is to share what the client and I have been working on. Attached you will find a signed care plan. The Care Plan includes strengths, barriers, goals and interventions.

Health Home provides assistance with ensuring preventive care, health education, linkage to needed specialists, and connection to community resources such as: housing, medical transportation, clothing and food. This is done via a team-based clinical approach that includes the client, his or her providers and family members or natural supports. The purpose of the program is to provide health education/management, and behavioral changes to enhance the clients' health, in addition to, lowering healthcare costs to the state and improving the clients' overall quality of life.

Please review the care plan and reach out with any feedback, additions, deletions or changes that might be needed. If there is something you feel that needs to be worked on, it can be discussed with the client and added to the care plan. If you feel that there are other strengths or barriers that the client might have, please feel free to reach out.

Sincerely.

Health Home Care Manager