

MY PERSONALIZED

SERVICE ACCESS PLAN

Name: _____

Address: _____

Instructions:

Fill out the following information for all of your service providers. Refer to this Service Access Plan when you need help connecting with medical, educational, or social services.

MEDICAL PROVIDERS:



FOR ADULTS

Write down the following information for each adult who lives in your household.

Doctor (Primary Care Physician):	
Where are they located?	
Phone Number for doctor's office:	
Website for doctor's office:	
What should I do if I need to go to my doctor?	

FOR ADULTS CONTINUED

Doctor (Primary Care Physician):	
Where are they located?	
Phone Number for doctor's office:	
Website for doctor's office:	
What should I do if I need to go to my doctor?	

FOR CHILDREN

Write down the following information for each child who lives in your household.

Child's Doctor (Pediatrician):	
Where are they located?	
Phone Number for pediatrician's office:	
Website for pediatrician's office:	
What should I do if my child needs to go to the doctor?	

FOR ADULTS AND CHILDREN

Write down the following information for all people who live in your household.

Dentist:	
Where are they located?	
Phone number for dentist's office:	
Website for dentist's office:	
What should I do if I (or someone in my family) needs to go to the dentist?	

Urgent Care Closest to my House:	
Where is it located?	
Phone number for the Urgent Care:	
Website for the Urgent Care:	
What should I do if I (or someone in my family) needs to go to Urgent Care?	

FOR ADULTS AND CHILDREN CONTINUED

Emergency Room Closest to my House:	
Where is it located?	
Phone number for the Emergency Room:	
Website for the Emergency Room:	
What should I do if I (or someone in my family) needs to go to the Emergency Room?	

OPTIONAL MEDICAL PROVIDERS

Write down the following information about any specialists anyone in your family goes to regularly. Skip this section if it does not apply to you.

Specialist:	
Where are they located?	
Phone number for this specialist:	
Website for this specialist:	
What should I do if I need to make an appointment for myself or someone in my family with this specialist?	

OPTIONAL MEDICAL PROVIDERS CONTINUED

Specialist:	
Where are they located?	
Phone number for this specialist:	
Website for this specialist:	
What should I do if I need to make an appointment for myself or someone in my family with this specialist?	

REMINDERS:

- You need an appointment to visit all doctor's offices except for Urgent Care & the Emergency Room.
- Urgent Care is for non life-threatening injury & illness that needs to be treated the same day.
- The Emergency Room is for life-threatening or very severe illnesses and injuries.

EDUCATION PROVIDERS:



Instructions:

Fill out the following information for all of you and your family's educational providers. For adults, this could be your ESL classes or a professional certification class. For children, it will be their public schooling. If your children have different teachers, fill out a different card for each of them.

FOR ADULTS

School:	
Where is it located?	
How do I get to school?	
Name of teacher:	
Contact info for teacher:	
What should I do if I need to speak with the teacher about something related to my classes?	

FOR CHILDREN

My Child's School:	
1st Child's Name:	
Where is their school located?	
How do I get to my child's school?	
Name of teacher:	
Contact info for the teacher:	
What should I do if I need to speak with the teacher about my child's education or something that happened at school?	

My Child's School:	
2nd Child's Name:	
Where is their school located?	
How do I get to my child's school?	
Name of teacher:	
Contact info for the teacher:	
What should I do if I need to speak with the teacher about my child's education or something that happened at school?	

FOR CHILDREN CONTINUED

My Child's School:	
3rd Child's Name:	
Where is their school located?	
How do I get to my child's school?	
Name of teacher:	
Contact info for the teacher:	
What should I do if I need to speak with the teacher about my child's education or something that happened at school?	

My Child's School:	
4th Child's Name:	
Where is their school located?	
How do I get to my child's school?	
Name of teacher:	
Contact info for the teacher:	
What should I do if I need to speak with the teacher about my child's education or something that happened at school?	

OTHER PROVIDERS:



Provider	
Service Provided:	
Contact Information:	
Location:	
How do I contact this provider? Or, what do I need to do to get services from this provider?	

Provider	
Service Provided:	
Contact Information:	
Location:	
How do I contact this provider? Or, what do I need to do to get services from this provider?	