

Yamhill Community Care  
PO Box 5490  
Salem, OR 97304  
Customer Service: 855-722-8205 TTY 711  
[www.yamhillcco.org](http://www.yamhillcco.org)



Welcome to Yamhill Community Care, your Oregon Health Plan insurance. As part of your care team, please tell us how we can support your health. Complete the following questions. Please return this survey in the envelope we sent, no stamp is needed. Care Management is your point of contact for care coordination needs and a care manager is available to you and may call you. You can also call us at 833-257-2191.

You do not have to answer any questions that do not apply to you.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is it okay to leave a message?  Yes  No

Is it okay to text you?  Yes  No

Email Address: \_\_\_\_\_ Is it okay to email you?  Yes  No

Provide the name of person completing this form – if for a minor child or an adult unable to complete:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Do you have a Primary Care Provider (PCP) or Pediatrician? If yes, who: \_\_\_\_\_

2. When was your last physical exam? \_\_\_\_\_

3. How would you rate your general health? Please select one.

Excellent  Good  Fair  Poor

4. Are you pregnant?  Yes  No Due date: \_\_\_\_\_

5. Do you have any physical limitations that require – equipment or supplies:

Medical equipment (Walker, Cane, etc.)  Additional Caregiver support

Other: \_\_\_\_\_

6. Tell us about your teeth. Do you have any concerns with the following? (select all that apply)

Mouth pain  Dentures  Cavities  Missing Teeth

I don't have any of these  Other: \_\_\_\_\_

7. Tell us about your mood or mental health. Do you feel any of the following? (select all that apply)

Down, depressed, hopeless  Scattered/unable to slow your thoughts

Unable to sleep  Anxiety or anxiousness

I don't have any of these       Other: \_\_\_\_\_

8. Have you been able to make all of your appointments? If no, please tell us more: \_\_\_\_\_

9. Do you need help with any of the following activities? (select all that apply)

- Dressing       Bathing       Walking  
 Eating or Preparing Food       Organizing or taking medications

What else would you like to share? \_\_\_\_\_

10. Do you need help finding any of the following providers to help get you care? (select all that apply)

- Primary Care       Dentist       Specialist       Mental health or Substance Abuse

11. Do you have a job?

- Yes, full time       Yes, part time       I'm retired       Student  
 No, I am not working at this time

12. What is your living arrangement?

- Alone       Community living       With spouse or family  
 Parent/Guardian       Friends/Roommates       I don't have consistent housing

Other: \_\_\_\_\_

13. How many people currently live in your household, including yourself? \_\_\_\_\_

14. Do you or members of your family need help in any of the following areas?

Please select the areas where help (select all that apply)

- Food, including vegetables and fruit       Housing (rent, house payment)  
 Utilities (Electric, gas, water)       Transportation (own or public)  
 Clothing       Diapers       Childcare  
 Other: \_\_\_\_\_

15. Do you have any concerns related to alcohol use?     Yes       No

16. Do you use tobacco?     Yes       No

17. Do you have concerns related to substance abuse?     Yes       No

18. Do you have any needs related to Hearing, Visual Impairment or other? Please describe:

\_\_\_\_\_

19. Do you have any language or interpreter needs? Please describe:

\_\_\_\_\_

20. Which of the following best describes you? Please select one answer.

- Asian or Pacific Islander       Black or African American  
 Hispanic or Latino       Native American or Alaskan Native

- White or Caucasian                       Multiracial or Biracial
- A race/ethnicity not listed here                       I prefer not to answer

21. Have you ever served in the United States Armed Forces?     Yes     No

22. Do you have any of the following? Select all that apply.

- Allergies                       Liver Condition                       GI/Stomach issues
- Respiratory                       Diabetes                       Neurological Disorders
- Drug/Marijuana Use                       Heart Condition                       Pain
- Kidney Condition                       Mental health condition                       None of these
- Other serious medical conditions \_\_\_\_\_

23. Do you have an Advance Directive or a POLST document – a document that provides information about your wishes when you cannot speak for yourself?     Yes     No

24. Do you have any safety concerns?  Yes     No

Care Coordination and Care Management are free services and part of your insurance coverage. What would you like us to help you with to get the most out of your health care?

\_\_\_\_\_

### Youth Only

25. Was your child born earlier than their due date? If yes, how early? \_\_\_\_\_

26. Were there any complications during the pregnancy or delivery? If yes, please tell us more:

\_\_\_\_\_

27. Is your child feeding/eating without concern? If concerns, please tell us more: \_\_\_\_\_

\_\_\_\_\_

28. Is your child gaining weight as you would expect? If no, please tell us more: \_\_\_\_\_

\_\_\_\_\_

29. Has your child received recommended immunizations? If no, please tell us more about this:

\_\_\_\_\_

30. Is your child taking prescribed medicine? If yes, please tell us more about this: \_\_\_\_\_

\_\_\_\_\_

31. Is your child developing as expected? If no, please tell us about this: \_\_\_\_\_

\_\_\_\_\_

32. Does your child visit the dentist? If no, please tell us about this: \_\_\_\_\_

\_\_\_\_\_

33. Does your child attend school regularly? If no, please tell us about this: \_\_\_\_\_

---

34. Does your child have any of the following? Select all that apply.

- Asthma                       Allergies                       Issues with sleep  
 Development Delays       Congenital defects            Mental health condition  
 Drug/Marijuana Use       Signs of social/emotional/behavioral problems  
 None of these               Other serious medical conditions: \_\_\_\_\_
- 

35. As a parent, we want to support your health as well. Are there any health concerns you are experiencing that you feel could impact your child, family, or others you support? \_\_\_\_\_

---

Info from this form will be protected in accordance with privacy practices and used to identify your needs.

This info will be reviewed and shared with the care team helping you, including your involved providers and other entities, to help reduce duplication of info gathering.

You are not required to get coordinated care and can choose not to receive it.

Seeing your primary care provider is key to great health. Our Care Management team can provide help in connecting with your primary care provider.

YCCO Care Management 833-257-2191

You can get this letter in your language, large print, braille, or format you need. You can also ask for an interpreter. This help is free. To get this help call Customer Service Monday through Friday, 8 a.m. to 5 p.m. at 855-722-8205 or TTY 711. We accept relay calls.

English
---------

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8205 or TTY 711. We accept relay calls.
---

-

You can get help from a certified or qualified health care interpreter.

## Spanish

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 855-722-8205 o TTY 711. Aceptamos todas las llamadas de retransmisión.

-

Usted puede obtener ayuda de un intérprete certificado o calificado en atención de salud.

## Russian

Вы можете получить этот справочник на другом языке, напечатанный крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги устного переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 855-722-8205 или TTY 711. Мы принимаем звонки по линии трансляционной связи

Вы можете получить помощь от аккредитованного или квалифицированного медицинского устного переводчика.

## Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 855-722-8205 hoặc TTY (Đường dây

Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711.  
Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

-

Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận hoặc đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

### Arabic

يمكنكم الحصول على هذه الوثيقة بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 855-722-8205 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

-

يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

### Somali

Waxaad heli kartaa buug-gacmeedkani oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa mid lacag la'aan ah. Wac 855-722-8205 ama TTY 711. Waan aqbalnaa wicitaanada gudbinta.

-

Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh ama la aqoonsan yahay.

### Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电855-722-8205 或TTY 711。我们会接听所有的转接来电。

-  
您可以从经过认证或合格的医疗口语翻译人员那里获得帮助。

### Traditional Chinese

您可獲得本手冊的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 855-722-8205 或聽障專線 711。我們接受所有傳譯電話。

-  
您可透過經認證或合格的醫療保健口譯員取得協助。

### Korean

이문서은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 855-722-8205 또는 TTY 711에 전화하십시오. 저희는 중계 전화를 받습니다.

-  
공인 또는 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

### Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 855-722-8205 ika TTY 711. Kich mi etiwa ekkewe keken relay.

-

En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

## Ukrainian

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 855-722-8205 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять.

-

Ви можете отримати допомогу від сертифікованого або кваліфікованого медичного перекладача.

## Farsi

می‌توانید این نامه را به زبان‌های دیگر، درشت‌خط، بریل یا قالب ترجیحی دیگری دریافت کنید. می‌توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 8205-722-855 یا 711 تماس بگیرید. تماس‌های رله را می‌پذیریم.

می‌توانید از یک مترجم شفاهی دارای گواهی یا باکفایت در زمینه بهداشت و

## Romanian

Puteți obține această broșură în alte limbi, cu font mărit, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 855-722-8205 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

-

Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat sau calificat.

Dari

شما می‌توانید این راهنما را به زبان‌های دیگر، با چاپ بزرگ، بریل یا فارمت دلخواه خود دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. تماس بگیرید به 855-722-8205 یا TTY 711. ما تماس‌های رله را می‌پذیریم.

-

شما می‌توانید از مترجم تائیده شده یا واجد شرایط صحی کمک بگیرید.

Khmer/Cambodian

អ្នកអាចទទួលបានកូនសៀវភៅនេះជាភាសាផ្សេងទៀត ជាអក្សរធំ ជាអក្សរសំរាប់មនុស្សពិការភ្នែក ឬជាទម្រង់ផ្សេងទៀត ដែលអ្នកចង់បាន ។

អ្នកក៏អាចស្នើសុំអ្នកបកប្រែផងដែរ។ ជំនួយនេះគឺឥតគិតថ្លៃទេ។ ហៅ ទូរសព្ទទៅលេខ 855-722-8205 ឬ TTY 711 ។

យើងទទួលយកការហៅបញ្ជូនបន្តទាំងអស់។

-

អ្នកអាចទទួលបានអ្នកបកប្រែភាសាដែលមានសញ្ញាប័ត្រ ឬមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។

Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 855-722-8205 ወይም TTY 711 ይደውሉ። የሪሌ ጥሪዎችን እንቀበላለን።

-

ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይቻላል።

Swahili

Unaweza kupata mwongozo huu kwa lugha zingine, kwa herufi kubwa, Breli au muundo unaopendelea. Unaweza pia kuomba

mkalimani. Msaada huu ni haulipishwi. Piga 855-722-8205 au TTY 711. Tunakubali simu za watu wenye ugumu wa kusikia

-

Unaweza kupata usaidizi kutoka kwa mkalimani wa utunzaji wa afya aliyehitimu au kustahiki.

**Burmese**

ဤလက်စွဲစာအုပ်ကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီး၊ မျက်မမြင်သုံးသင်္ကေတ (ဘရေးလ်) သို့မဟုတ် သင်ပို့မိန့်နှစ်သက်သည့် ပုံစံဖြင့် ရယူနိုင်ပါသည်။ သင်သည် စကားပြန်တစ်ဦးလည်း တောင်းဆိုနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ဖြစ်ပါသည်။ 855-722-8205 သို့ ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် 711 သို့ TTY စနစ်ဖြင့်ဆက်သွယ်ပါ။ ထပ်ဆင့်ခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

-

သင်သည် သင်တန်းဆင်းလက်မှတ်ရထားသည့် (သို့) အရည်အချင်းပြည့်မီသည့် ကျန်းမာရေးစောင့်ရှောက်မှု စကားပြန်တစ်ဦးထံမှလည်း အကူအညီရယူနိုင်ပါသည်။

**Hmong**

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua

pub dawb. Hu 855-722-8205 los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

-

Koj yuav tau kev pab los ntawm ib tug kws txhais lus rau tib neeg mob uas muaj ntawv lees paub los sis muaj kev txawj.

## Marshallese

Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emmanloḷok ippaḷ. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejjeḷok wōḷāān jipañ in. Kaaltok 855-722-8205 ak TTY 711. Kwomaroñ kaaltok in relay.

-

Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim ak keiie āinwōt ri ukōt in ājmour.

## Tagalog

Makukuha mo ang handbook na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 855-722-8205 o TTY 711. Tumatanggap kami ng mga relay call.

-

Makakakuha ka ng tulong mula sa isang sertipikado o kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

## German

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis.

Wenden Sie sich an 855-722-8205 oder per Schreibtelefon an 711.  
Wir nehmen Relaisanrufe an.

-

Sie können die Hilfe eines zertifizierten oder qualifizierten  
Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

### Portuguese

Esta carta está disponível em outros idiomas, letras grandes ou  
braile, se preferir. Também poderá solicitar serviços de interpretação.  
Essa ajuda é gratuita. Ligue para 855-722-8205 ou use o serviço TTY  
711. Aceitamos encaminhamentos de chamadas.

-

Você poderá obter a ajuda de intérpretes  
credenciados ou qualificados na área de saúde.

### Japanese

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、そ  
の他ご希望の様式で入手可能です。また、通訳を依頼することも可  
能です。本サービスは無料をご利用いただけます。855-722-8205ま  
たは TTY 711までお電話ください。電話リレーサービスでも構いま  
せん。

-

認定または有資格の医療通訳者から支援を受けられます。

