Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

Thank you for being a member of 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. 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.

Member Name:_____Member ID#:_____

Gender:_____Date of Birth: _____

Phone number:_____Preferred Language:_____

1. **How would you rate your general health?**
   - ○ Excellent
   - ○ Good
   - ○ Fair
   - ○ Poor

2. **What physical health condition(s) do you feel affect your daily life?_____**

3. **Tell us about your teeth, do you have any of the following:**
   - ○ Mouth Pain
   - ○ Dentures
   - ○ Cavities
   - ○ I don't have any of these
   - ○ Missing Teeth
   - ○ Other:_____

Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

4. Tell us about your mood or mental health. Do you feel any of the following:

- ○ Down, blue, hopeless
- ○ Unable to sleep
- ○ Anxiety or anxiousness
- ○ Scattered/unable to slow your thoughts
- ○ I don't have any of these
- ○ Other

5. Do you need help finding any of the following providers to help you get care?

- ○ Primary Care
- ○ Dentist
- ○ Specialist
- ○ Mental health or Substance use

Provider PCP Name (if you have one):_____

6. Do you need help with any of the following activities (check all the apply)

- ○ Dressing
- ○ Bathing
- ○ Walking
- ○ Eating or preparing food
- ○ Organizing and taking medications

What else would you like to share?_____

7. Do you have a job?

- ○ Yes, full time
- ○ I'm retired

Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

- ○ Yes, part time
- ○ No, I am not working at this time

8. What is your living arrangement:

- ○ Alone
- ○ Community living
- ○ With spouse or family
- ○ I don't have consistent home

9.Please check the items below you are not able to purchase as needed:

- ○ Food including vegetables and fruit
- ○ Housing (rent, house payment)
- ○ Utilities (Electric, gas, water, etc.)
- ○ Transportation (own or public)
- ○ Clothing
- ○ I am able to purchase everything I need
- ○ Other:_____

10. Do you use Alcohol?

- ○ Yes
- ○ No

11. Do you use tobacco?

- ○ Yes
- ○ No

12. Do you have any concerns related to substance use?

- ○ Yes
- ○ No

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

_____

Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

14. Which of the following best describes your child? 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

15. Are you a Veteran of the Armed Forces, Reserves or Guard?

- ○ Yes
- ○ No

16. Do you or anyone in your family have a history of a health condition? If yes, please tell us which condition.

_____

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

_____

If you have any questions, need this in large print, braille or a different language, please call us Monday through Friday, 8 a.m. to 5 p.m., at 833-257-2191 (TTY:711).

YCCO Care Management
833-257-2191