

Community
Connections

District Health

Department #10 HUB

(Kalkaska, Manistee,
Missaukee, Wexford , Lake,
Mason, Mecosta, Newago,
Oceana Counties)

Fax: 1-231-622-7413

Email: HUB@dhd10.org

Phone: 1-888-217-3904

Ext 3

Grand Traverse Regional

**HUB/Benzie-Leelanau District
Health Department**

(Benzie, Grand Traverse,
Leelanau Counties)

Fax: 1-231-882-0143

Phone: 1-833-674-2159

Health Department of

Northwest Michigan HUB

(Antrim, Charlevoix, Emmet,
Otsego Counties)

Fax: 1-231-547-6238

Phone: 1-800-432-4121

Community Connections/CHAP helps with access to medical care, transportation, food, utilities, education, classes and more! Services are provided by a team of health care providers including a Nurse, Social Worker, or Community Health Worker and can occur by phone, in an office or in a home. Our team can help with:

- Finding you a doctor, dentist or mental health therapist
- Exploring transportation assistance
- Enrollment in health insurance
- Getting food or a place to live
- Getting household supplies
- Identifying child care or preschool options
- Your concerns about abuse or violence in your life
- Answering questions about birth control
- Baby Shots/Adult Immunizations
- Connecting you to community resources like GED classes, job opportunities, or heat and electricity resources

Consent to Participate in Community Connections/CHAP

I consent to participate in Community Connections/CHAP. I understand the purpose of this program is to help connect me through linkages with community services.

To gain full benefit from the program, I will:

- Keep appointments and be sure to call to reschedule appointments I cannot keep.
- Tell my Community Connections/CHAP Worker if I move or my phone number changes so he/she can still reach me.
- Develop a plan to identify the goals I want to reach.
- Work towards the goals I have identified on my plan.

I understand that this is a voluntary program and I can withdraw from the program at any time.

Client Signature: _____

Date: _____

Community Connections/CHAP Signature: _____

Date: _____