



Community Connections Consent to Participate

Community Connections 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:

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

- 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

Health Department of

Northwest Michigan HUB

(Antrim, Charlevoix, Emmet, Otsego Counties)

Fax: 1-231-547-6238

Phone: 1-800-432-4121

Consent to Participate in Community Connections

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

District Health Department

#4 HUB

(Alpena, Cheboygan, Montmorency, Presque Isle)

Fax: 1-989-356-3529

Phone: 1-800-221-0294

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 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 Signature: _____

Date: _____

