



Clinical Care Manager (CCM) - Outcomes Agreement

Protected when completed.

Client's family name:	Client's given name(s):	File No.:
Address:		Postal code:
		Telephone No.:
		(   )   -
Clinical care manager's (CCM) name:		CCM's telephone No.:
		(   )   -

Mutually Identified Needs	
<input type="checkbox"/> Ongoing needs identification	<input type="checkbox"/> Psycho-education for mental health issues
<input type="checkbox"/> Daily/weekly telephone contact	<input type="checkbox"/> Weekly meetings
<input type="checkbox"/> Outreach to GP/Provider	<input type="checkbox"/> Plan for activities of daily living
<input type="checkbox"/> Specific skill development	<input type="checkbox"/> Family support
<input type="checkbox"/> Expand client's social network	<input type="checkbox"/> Housing or vocational support
<input type="checkbox"/> Financial issues	<input type="checkbox"/> Liaison with community agencies
<input type="checkbox"/> Facilitating clinical assessments	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Desired outcome:

The following action steps have been agreed to:

Action Step	Who is responsible	Due Date

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The information provided on this form is collected under the Authority of the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* and the *Pension Act* for the purpose of facilitating a case management plan. Provision of the information is on a voluntary basis. Refusal to complete any part of this report may cause delays in the client's case management.

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For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9 by quoting Personal Information Bank number VAC PPU 550 and/or VAC PPU 055.

Client's signature:	Date:
Clinical care manager's signature:	Date:
Area counsellor's signature:	Date: