



COMMUNITY  
CONNECTION  
HEALTHCARE

# SUPPORT. CARE. COMPASSION.

Community Connection Healthcare (CCH) provides a range of home care services across Massachusetts, focusing on Group Adult Foster Care (GAFC), Adult Foster Care (AFC) and Private In-Home Care. We also provide a personal care needs assessment and assistance with enrollment into MassHealth GAFC or AFC programs to help individuals live independently in their own home. These programs come at ZERO cost to the client.

## SERVICES OFFERED

### Activities of Daily Living (ADLs) and Instrumental Activities of Living (IADLs) Assistance

Personal care assistance including eating, toileting, dressing/grooming, bathing, transferring, mobility/ambulation, household management tasks, laundry, shopping, housekeeping, meal preparation/cleanup, care and management of adaptive devices, and medication/appointment reminders.

### Nurse and Care Management Visits

Regular monthly visits by skilled nurses and care managers to oversee health and care needs.

### 24/7 On-Call Access

Always available to respond to client needs.

## ADDITIONAL INFORMATION

Our experienced team of nurses, care managers, direct care aides, caregivers, area coordinators, and administrative support staff, form multi-disciplinary teams serving various regions in Massachusetts.

## FREE MASSHEALTH PROGRAMS

### Group Adult Foster Care (GAFC) Program

Designed for disabled and elderly individuals (ages 22 and over) who are able to live independently at home but require assistance with personal care needs. The program aims to enhance overall health and safety through supervised care by an HHA/CNA (Home Health Aide/Certified Nursing Assistant). Qualifying individuals have a medical or Behavioral Health condition that requires daily assistance with at least one ADL.

### Adult Foster Care (AFC) Program

Targets disabled and elderly individuals (ages 16 and over) who can no longer live alone and prefer a family-like setting in the community over institutional care. CCH provides training and supervision for caregivers who offer 24/7 support to the individual. Qualifying individuals have a medical or Behavioral Health condition that requires daily physical (hands-on) assistance, cuing, or supervision throughout the entire activity in order to successfully complete at least one ADL.

### Private In-Home Care

Direct care services tailored for individuals outside the MassHealth programs who need assistance with ADLs and IADLs to remain independent at home.

LEARN MORE  
CALL OR EMAIL US TODAY

EASTON 617-322-9030 | HOLYOKE 413-533-1393  
REFERRALS@CCHCARES.COM

CARF accredited, ensuring high standards of care and service.



## OUR MISSION

TO PROVIDE TOP-QUALITY CARE TO OUR CLIENTS — SENIORS AND ADULTS WITH DISABILITIES — HELPING THEM ACHIEVE THE BEST POSSIBLE QUALITY OF LIFE IN THEIR OWN HOME AND TO REMAIN IN THE COMMUNITY.

communityconnectionhealthcare.com | 45 Eastman Street; South Easton, MA 02375 | 4 Open Square Way; Suite 211; Holyoke, MA 01040



<b>CCH STAFF NAME</b>
<b>YOUR PREFERRED LANGUAGE</b>

# COMMUNITY CONNECTION HEALTHCARE

Please email completed form to [referrals@cchcares.com](mailto:referrals@cchcares.com), FAX to 617-379-3735, or mail to 45 Eastman St; South Easton, MA 02375

## CLIENT REFERRAL FORM

<b>AFC</b>	<b>GAFC</b>	<b>REFERRAL DATE</b>	<b>INTAKE DATE</b>
<b>REFERRED BY</b>			<b>PHONE</b>
<b>REASON FOR REFERRAL</b>			

<b>PATIENT NAME</b>			<b>DOB</b>
<b>GENDER</b>	<b>F</b>	<b>M</b>	<b>SSN</b>
<b>INSURANCE</b>			<b>MASSHEALTH #</b>
<b>MASSHEALTH</b>	<b>BMC</b>	<b>SWH</b>	<b>CCA</b>
<b>TUFTS</b>	<b>OTHER</b>		
<b>ADDRESS</b>			
<b>STATE: MA</b>	<b>ZIP</b>	<b>PHONE</b>	<b>EMAIL</b>
<p>Is the individual currently receiving any other health-related services in the home (examples include personal care, home health, or skilled nursing services)? <b>YES</b> <b>NO</b></p> <p>If yes, what services is the individual receiving (please describe)?</p> <p>If no, has the individual enrolled in, applied for, or requested services from any other program?  <b>YES</b> <b>NO</b> If yes, please describe:</p>			

<b>DIAGNOSIS</b>

<b>PCP INFORMATION</b>	<b>LAST PHYSICAL DATE</b>	<b>LAST OFFICE VISIT DATE</b>
<b>NAME</b>	<b>NPI#</b>	
<b>ADDRESS/SUITE/FLOOR</b>		
<b>STATE: MA</b>	<b>ZIP</b>	<b>PHONE/EXT.</b>
		<b>FAX</b>

<b>EMERGENCY CONTACT</b>			
<b>NAME</b>			<b>RELATIONSHIP TO APPLICANT</b>
<b>ADDRESS</b>			
<b>STATE: MA</b>	<b>ZIP</b>	<b>PHONE</b>	<b>EMAIL</b>

<b>CAREGIVER INFORMATION</b>			
<b>NAME</b>			<b>RELATIONSHIP TO APPLICANT</b>
<b>ADDRESS</b>			
<b>STATE: MA</b>	<b>ZIP</b>	<b>PHONE</b>	<b>EMAIL</b>