

User Name: margarita.osipova.nyc

Program: CMA - JASA Storefront - 2MG

User Role: Program Admin



Push Pin



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History



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NYC DEPARTMENT FOR THE AGING: Senior Tracking, Analysis and Reporting System (STARS)

Test, Test

Client ID: 00642-02293-1500137953

DOB: 07/02/1921

Cell: 917-123-8888

2 Lafayette Street

NEW YORK, NY 10007

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Required fields are marked with an * asterisk.

Care Plan

- [Care Plan Details](#)
- [Issues and Goals](#)
- [Service Plan](#)
- [Home Care Plan](#)
- [Service Plan Waitlist](#)

Date(mm/dd/yyyy) *	Currently Assigned To	Status
09/03/2020	Alan Hom	Open

Effective Date *: 09/01/2020

Person self directing/able to direct care: ☐ No ☐ Yes

Preferences regarding provision of services:

(0 characters of 512 allowed)

Referral(s) to be made:

Adult Day Services - Medical
Adult Day Services - Social
Benefits and Entitlements
Bill Paying Program
Caregiver Services

Action Steps agreed upon:

(0 characters of 512 allowed)

Info/Instructions bearing implementation of Care Plan:

(0 characters of 512 allowed)

OK to discuss with informal supports: ☐ No ☐ Yes

Plan discussed/accepted by client and/or informal supports: ☐ No ☐ Yes

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