

## CARE PARTNERS

Maintaining community care partners is vital to CDAIDE's mission to care for local hospitality workers. We work to partner with local partners whenever possible to extend the impact of our resources and leverage the experience and expertise of each partner.

At least three strong partners should be developed in each category so that no one partner is asked to assist too often. A simple partnership agreement is put in writing and reviewed yearly. Each partner will be creatively thanked for their help.

### KEY PARTNERSHIP AREAS

<b>MEDICAL</b>	Medical Clinics	
	Doctors	
	Massage Therapists	
<b>DENTAL</b>	Dentists	
	Oral Surgeons	
	Denturists	
	Dental Clinics	
<b>MENTAL HEALTH</b>	Counselors	
	Psychiatrists	
<b>ALCOHOL AND DRUG RESOURCES</b>	Intervention Resources	
	Out-Patient Treatment Programs	
	In-Patient Treatment Programs	
<b>DOMESTIC VIOLENCE</b>	Women's Protection	
	Child Protection Resources	
<b>LEGAL</b>	Lawyers	
<b>TRANSPORATION</b>	Auto Mechanics	
	Reliable Used Vehicle Dealers	
<b>BASIC NEEDS</b>	Food Resources	
	Home Furnishings	
	Children's Consignment	
<b>HOUSING</b>	Utility Assistance	
<b>FAITH</b>	Churches	

# Care Partnership Plan

PARTNER   TYPE OF CARE	START DATE

Renewal or Modification Dates \_\_\_\_\_

## Care Provider (individual/business providing the direct service)

Name   Title	Email	Cell Phone Call First <input type="checkbox"/>	# To
Mailing Address		Work Phone Call First <input type="checkbox"/>	# To

## Contact for Care Projects (if you would like us to coordinate care with someone in your business other than care provider)

Name   Title	Email	Cell Phone Call First <input type="checkbox"/>	# To
Mailing Address		Work Phone Call First <input type="checkbox"/>	# To

## Contact for Donation Reporting (if you would like us to direct tax receipts to someone other than care provider)

Name   Title	Email	Cell Phone First <input type="checkbox"/>	#To Call
Mailing Address		Work Phone First <input type="checkbox"/>	#To Call

## YEARLY CARE INVESTMENT

Donation Amount \$ \_\_\_\_\_

OR Number of Patients \_\_\_\_\_

OR \_\_\_\_\_

**Description of services available by Care Partner. What does an ideal referral look like?**

**HOW WOULD YOU LIKE TO BE THANKED?**

Social Media and Website    Email Newsletter to Donors    Prefer to Donate Anonymously

**CDAIDE NOTES**

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