

“Basic Needs”

A middle-aged woman from a rural area came into the office for a medical appointment. After screening the patient for health-related social needs, the medical provider asked that I speak with her. When I went to the exam room to see the patient, she was very open to receiving assistance. She shared that she previously worked as a personal support specialist at a home care organization but lost her job due to an injury and now uses a walker. The patient lost both her health insurance and income and struggled to obtain food. I saw the patient’s home address in her chart and told her I had lived there as a teenager. This allowed us to start bonding and building trust.

I assisted the patient with MaineCare and SNAP applications. I also gave the patient an emergency food bag with a list of local food pantries. The medical provider asked me to help the patient apply for disability. When I gave the patient the disability application, I observed that she struggled to write because her hands were shaking. I asked if she was okay, and she asked me to help her because she could not control her shaky hands. I read the questions, explained the ones she did not understand, and wrote down her answers.

A few weeks later, she was approved for SNAP benefits and MaineCare. While waiting for her disability status, the patient called me to let me know she got evicted and was going to be moving into her car. I had a list of homeless shelters, but the patient declined. The patient stated she had several mental health diagnoses and a support animal that she could not bring into the shelter. I helped the patient research and apply for low-income housing options. I also advised the patient to ask her local church for assistance. The church found a room for her to rent.

The patient was denied her disability and her disability appeal. I then helped the patient get a disability lawyer. While the disability lawyer was working on her case, she lost her housing once again. There was still no word on low-income housing (the wait list could be 2-5 years), and the patient went back to living in her car. I helped the patient find a case manager to support her housing and mental health needs. While staying in the car, her medical condition became worse, and the patient needed mobility surgery. Still, the surgeon could not do the surgery until the patient was living in a sterile environment.

With the help of Maximus, the case manager, and my persistence, we were able to find another room for rent. The landlord helped the patient with medical needs, the patient had her mobility surgery, and the landlord cared for the patient in recovery. Over several years, the patient’s life had spiraled, and one problem led to another, like the domino effect. But through teamwork and determination, we ensured the patient received the care and services necessary for her health and well-being. She finally saw a light at the end of the dark tunnel she was going down.

Jennifers Story