



Member Story Intake

Date

CountyCare Employee

How are you interacting with the member?

☐ Call Center ☐ Care Coordination/Care Management
☐ Event: _____ ☐ Other: _____

Member Name/Member ID

Member Phone

Preferred Language

Would you be willing to speak with staff and share details of your story

☐ Yes ☐ No

Best days to contact member

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Member Story/ Member Feedback

Please email the completed Member Story Intake to Katie Garza at marykatie.garza@cookcountyhhs.org or attach it to a Communications Intake [here](#).