



**Cassandra Blanke**  
308 West Ashley Street , Jackson, MN,  
56143

**DOB:** 04/01/1998  
**Age:** 27 Years  
**MA Number:** 05061094

**Phone**  
(507) 841-3148  
**Email**  
blankekassie821@gmail.com

**Responsible Party Name/Address**

JoAnn Jandera  
308 West Ashley Street, Jackson, MN, US, 56143

**Responsible Party Phone**

(520) 450-0319

Allergies

Seasonal

Diagnosis

F34.1(Dysthymic disorder),F71(Moderate intellectual disabilities),H54.42A5(Blindness left eye category 5, normal vision right eye),J45.909(Unspecified asthma, uncomplicated)

**Medication**

Medication	Start Date	End Date	Instructions
Asthma Inhaler			Cassandra carries this with her and uses it independently.

**Contact Details**

Name / Contact Type	Address	Email / Phone
<b>Cassandra Blanke</b> (Primary Contact)	308 West Ashley Street , Jackson, MN, 56143	blankekassie821@gmail.com (507) 841-3148
<b>Jody Knapper</b> (Social Worker)	108 9th Street , Windom, MN, US, 56101	jody.knapper@dvhhs.org (507) 831-1277
<b>Jacqueline Wallace</b> (Emergency Contact)	308 West Ashley Street , Jackson, MN, US, 56143	noemail@vallace.com (520) 280-7793
<b>JoAnn Jandera</b> (Responsible Party)	308 West Ashley Street, Jackson, MN, US, 56143	Noemail@jandera.com (520) 450-0319
<b>Jen Jo Hendrickson</b> (DAC Designated Coordinator, Day Support Services)	304 2nd Avenue North, PO Box 805, Lakefield, MN, US, 56150	jen_hendrickson@jacksoncountydac.com (712) 830-5298
<b>Jody Rizzi</b> (Executive Director, DAC)	224 Main Street, PO Box 805, Lakefield, MN, US, 56150	jody_rizzi@jacksoncountydac.com (507) 840-0644



**#1**

**Name:** Dr. Kline

**Provider Number:** Primary Health Care

**Phone Number:** 507-847-2420

**Email:** kline@noemail.com

**Alternative Phone Number:**

**Fax Number:**

**Address:** 1430 N. Hwy Jackson, MN 56143

**#2**

**Name:** Lewis Family Drug

**Provider Number:** Pharmacy

**Phone Number:** 507-847-3282

**Email:** lewis.drug@noemail.com

**Alternative Phone Number:**

**Fax Number:**

**Address:** 825 3rd St. Jackson, MN 56143

**#3**

**Name:** Sanford Hospital

**Provider Number:** Hospital preference

**Phone Number:** 507-847-2420

**Email:** sanford.hospital@noemail.com

**Alternative Phone Number:**

**Fax Number:**

**Address:** 1430 N. Hwy, Jackson, MN 56143