

INTAKE CHECKLIST

Area Program:

QUALITY ASSURANCE CHECKPOINT	Yes	No	NA	COMMENTS
1. Orientation Checklist				
2. I-9 Form Completed				
Copy of Social Security Card				
Copy of Birth Certificate				
3. Referral Packet				
Most recent psychological evaluation				
Current physical				
Current dental, eye				
Appropriate histories (social/medical/service)				
Guardianship papers (if applicable)				
Family contact information				
Current Medicaid/Medicare/Insurance card				
4. Emergency Med Card				
5. Three Part Release				
6. Rights/Complaint Mechanism Forms				
7. Advance Directive				
8. Inventory Sheets (if applicable)				
Clothing				
Possessions				
9. Voter Registration				
10. Change of Status				

Director of Program Development

Signature	Initials	Position	Date
			8/02; 5/03