



Residential Program Admissions Checklist

Required Prior to Admission:

<input type="checkbox"/>	Behavior & Psychosocial Assessment (to be completed in-person at Hinds' Feet Farm)
<input type="checkbox"/>	Neuropsychological Evaluation (obtain from Healthcare Professional)
<input type="checkbox"/>	Membership Application
<input type="checkbox"/>	Residential Services Agreement
<input type="checkbox"/>	Copies of All Health Insurance Cards (front and back)
<input type="checkbox"/>	Authorization for Services from Payor (if applicable)
<input type="checkbox"/>	Evidence of Financial Stability (only if Self-Private Pay)
<input type="checkbox"/>	Residential Care Plan
<input type="checkbox"/>	Substance Abuse Contract
<input type="checkbox"/>	Membership Criteria, Program Rules, Rights & Responsibilities
<input type="checkbox"/>	Consent for Use of Least Restrictive Alternatives & Interventions
<input type="checkbox"/>	Authorization to Release Medical Records (complete one auth request per physician)
<input type="checkbox"/>	Last 6 Months of Medical Records & Immunization Records
<input type="checkbox"/>	Infectious & Communicable Disease Form
<input type="checkbox"/>	Last 30 Days of Medication Administration Records (MAR)
<input type="checkbox"/>	Consent for Background Check

Required Upon Admission:

<input type="checkbox"/>	Payment for First Month, Last Month, Damage Deposit, and all Other One-Time Fees
<input type="checkbox"/>	Authorization for Emergency Care
<input type="checkbox"/>	Guardian Notification Request Form
<input type="checkbox"/>	Authorization for Transporting Members
<input type="checkbox"/>	Consent for Behavior Plan & Medications (if applicable)
<input type="checkbox"/>	Member Choice Form
<input type="checkbox"/>	Media Release
<input type="checkbox"/>	Signed Receipt of Member Handbook
<input type="checkbox"/>	Acknowledgement of Receipt of Privacy Notice
<input type="checkbox"/>	Bedroom Furniture, Clothing, Toiletries & Personal Belongings
<input type="checkbox"/>	Medication Administration Physician Authorization
<input type="checkbox"/>	Medication Administration Client/Guardian Informed Consent
<input type="checkbox"/>	Physical & Dental Exam Records (Current within 6 months)
<input type="checkbox"/>	Vision Exam Records (Current within 1 year)
<input type="checkbox"/>	TB, Hepatitis B, and Titer Test Results (Current within 3 months)
<input type="checkbox"/>	30-Day Supply of All Medications