

Choices In Community Living Admission/Transfer/Discharge Checklist

Name of Individual \_\_\_\_\_

Moving From \_\_\_\_\_ Moving To \_\_\_\_\_

Date of Admission/Transfer/Discharge \_\_\_\_\_

Face Sheet:
SS Card:
Birth Certificate:
State ID:
Guardianship Paperwork:
Psychiatric Evaluation:
EBT Card:
Medicare/Medicaid Cards:
Private Insurance:
SS Award Letter:
Work Paystub:
Funeral Arrangements:
Trust Information:
Life Insurance Policy:
Current Signed Physicians Orders:
Copy of MAR:
Current Medical Appointments:
Date Landlord Given Notice:
Date New Lease Signed:
Funding Source:
Acuity Assessment:
Moving Company:
Utility Change of Service:
Memberships:
Completed Inventory:
Current Pharmacy:
Date Pharmacy Notified of Intake/Transfer/Discharge:
Bank Account Closure Date:
Bank Account Opening Date:
Date Consumer Benefits Specialist Notified: