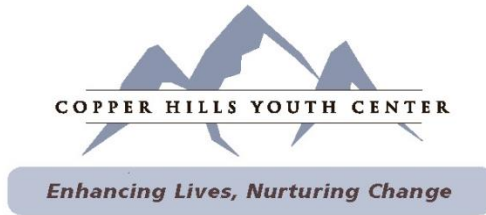


### Checklist for Admission Consent Forms

*\*please read carefully and make sure all required forms are signed and completed\**

Name of Form	Done	Action Required
<b>Required Documents</b>	<input type="checkbox"/>	<b>Must include with consent forms</b>
<b>Admissions Record</b> (pg. 1)	<input type="checkbox"/>	Fill out completely <b>*Please provide social security number*</b>
<b>Privacy Practices Information</b> (pg. 2-4)	<b>Keep</b>	Read
<b>HIPAA Acknowledgement</b> (pg. 5)	<input type="checkbox"/>	Fill out and sign
<b>Custodial Verification</b> (pg. 6)	<input type="checkbox"/>	Fill out, sign and attach applicable documentation
<b>Consent &amp; Conditions</b> (pg. 7-8)	<input type="checkbox"/>	Fill out and sign
<b>Consent for Psychotherapy</b> (pg. 9)	<input type="checkbox"/>	Sign
<b>Seclusion &amp; Restraint</b> (pg. 10)	<input type="checkbox"/>	Sign
<b>Individual Education Program</b> (pg. 11)	<input type="checkbox"/>	Fill out, sign and attach IEP if applicable
<b>Placement Disruption Agreement</b> (pg. 12)	<input type="checkbox"/>	Fill out and sign
<b>Permission for Adventure Outings</b> (pg. 13)	<input type="checkbox"/>	Check boxes, Initial and Sign
<b>Pivot Adventure &amp; SPLORE</b> (pg. 14-15)	<input type="checkbox"/>	Sign
<b>Resident Rights Information</b> (pg. 16)	<input type="checkbox"/>	Fill out and sign
<b>Parent Financial Agreement</b> (pg. 17)	<input type="checkbox"/>	Fill out and sign
<b>Caseworker Financial Agreement</b> (pg. 18)	<input type="checkbox"/>	Fill out and sign
<b>Medication Reconciliation/Orders</b> (pg. 19)	<input type="checkbox"/>	Fill out completely and sign
<b>Immunizations</b> (pg. 20)	<input type="checkbox"/>	Sign & fill out or attach documentation
<b>Over the Counter Med Consent</b> (pg. 21)	<input type="checkbox"/>	Fill out and sign
<b>Resident Contact List</b> (pg. 22)	<input type="checkbox"/>	All individuals allowed to contact resident
<b>Student Record Request</b> (pg. 23)	<input type="checkbox"/>	Fill out as completely as possible
<b>Release of Information</b> (pg. 24)	<input type="checkbox"/>	Sign & fill out or make copies for all facilities/providers you desire to authorize
<b>Insurance Documentation</b> (pg. 25)	<input type="checkbox"/>	Fill out applicable sections
<b>Resident Inventory</b> (pg. 26)	<input type="checkbox"/>	List all unperishable items (clothing, bedding, stuffed animals, etc.) the resident will be bringing
<b>Telehealth Informed Consent Form</b> (pg. 27)	<input type="checkbox"/>	Fill out and sign
<b>Approved/Prohibited Items</b> (pgs. 28-31)	<b>Keep</b>	Read to help with packing & care packages
<b>Interstate Compact Request (ICPC 100A)</b> <i>This is a federal document that we are required to submit to the state</i>  <i>*form is not required for UT residents*</i>	<input type="checkbox"/>	<b>Fill out section I</b> ( <i>Agency or Person Responsible for Planning and Person Financially Responsible is the person or agency that has guardianship of patient</i> ) <b>Sign in section III</b> ( <i>under Signature of Sending Agency or Person</i> )



## **REQUIRED DOCUMENTS**

- Birth Certificate or Proof of Custody/Guardianship**
  - This may be depicted in a birth certificate, divorce decree, court order, or adoption agreement
- Applicable Court Orders**
  - Will need a copy if resident is court ordered to complete treatment
- Copy of Insurance Card(s)**
- Immunization Record \*MUST HAVE AT TIME OF ADMISSION\***
- Individualized Education Plan (IEP)**
  - Please also provide the following:
    - Student Identification Number
    - School District Name
    - Superintendent Name and Contact Info
- Region & Program Placing Patient** *(Only required for **Idaho** and **Texas** patients)*