

INTAKE CHECKLIST

FORM 2503D-17

Resident _____ # _____ Status _____

INITIAL INTAKE

DATE _____

Search _____ Alco _____ UA _____

	STAFF	RESIDENT
Resident Checklist		
Personal Property Inventory		
Review and Sign Resident Rules		
Resident Tattoos/Body Markings (Staff enter in ICON)		

Employment & Job Seeking Expectations		
House Tour (Emergency/Evaluation Plan)		
Orientation to House Duties		
Room Assignment		
Picture Taken		
Entered in Voice Mail System		
Resident Handbook Procedure Explained		
PREA Video		

Residential Officer Signature _____

Resident Signature _____

Date _____

Date _____

FOLLOW-UP INTAKE

DATE _____

Case Plan/Goals Initiated		
Level System		
Employment Staffing (Change level to PE-5)		
Finances/Client Fiscal Management		
Release Expectations		
Explanation of Rules		
DNA		
Medical Plan/Medication Policy		
Services Offered		
Rights and Communication Privileges		
Resident Handbook Procedure Review		
Grievance/Appeal Process		
Disciplinary Process		
Firearms Statement		
Sign/Read Probation/Parole Agreement		
Sign/Read Probation/Parole Sex Offender Conditions (SO's only)		

Are you presently receiving Social Security or state Medicaid benefits? _____ If yes, you must contact the Social Security and/or state Medicaid office in the next 5 days to discuss eligibility for benefits. _____ Resident Initial _____ Staff Initial _____

I acknowledge that I have been informed of and understand the above program expectations and services.

Resident Signature _____

Probation/Parole Officer Signature _____

Date _____