

RESIDENTIAL OFFICER INTAKE CHECKLIST

FORM 2503E-18

Resident's Name:				ICON #:	
Intake Date:		Intake Time:		Program:	
				RPPO:	
Staff Initials	Duties				
	Set up work/treatment folder				
	Set out linen and bedding for when client arrives				
	Check ICON > Offender > Assessments > SVP Revised Male. Don assessment if not done. Note SVP code for room selection				
	Room Assignment:	Room:	Bed:		
	Assign Padlock:	Series #: V	Lock #:		
	Email Clerical, OES, RPPO of intake (Enter INTAKE for subject of e-mail: Include client's name, ICON #, program, agent and intake date/time.				
	Enter client in a bed in ICON				
	Name on name board				
	Questioned about suicidal thoughts				
	Would you like to have the Linn County Public Health Department conduct STD and/or Hepatitis screening? If yes, please sign up client on Google calendar.				
	Are you presently receiving Social Security or state Medicaid benefits? _____. If the answer is no, proceed to the next section of the intake. If the answer is yes, please instruct the resident to contact the Social Security and/or state Medicaid office in the next five days to discuss their eligibility for benefits.				
	BA				
	Pat Search				
	Inventory of belongings/fill out personal property list				
	UA Notification:	Date:	Time:		
	UA Obtained:	Date:	Time:	If a UA has not be obtained by curfew, the resident needs to wait in the UA chair until a UA has been provided	
	Resident needs to fill out Health Card				
	Take picture with digital camera				
	Client to sign "Consent to Use Photography" form and give signed copy to RPPO				
	Linen bundle give to client				
	All clients need to fill out "Linn County Public Health" form in highlighted areas and put in nurse's mailbox. ** Do not check this off Intake Checklist until Resident turns in completed forms. ** If coming from prison Residents do not need to fill out form.				
	Enter transfer instance to residential "complete" in ICON (Click Offender > Transfer > Transfer Instance to Residential. Click pencil to edit & go down to status and change to complete & same.				
	Enter necessary changes in Offender Intake Information in ICON (Address Example: 1001 29 th Avenue SW, Cedar Rapids, Iowa 52404				
	Enter client in generic notes in ICON – Make entry of arrival with time/date of intake, Program, RPPO, UA, BA, Pat Search, & Date/Time of Nurse's Appointment (needed or not)				
	Notify Residents who are within their first 2 weeks of intake may have items dropped off during non-visiting hours. After two weeks items can only be dropped off during visiting hours.				
	Setup KIOSK (fingerprint)				
	Setup facility phone account				
	Client must see PREA DVD and sign off on form. Place signed for in Supervisor's Mailbox.				
	Tour of facility – Evacuation procedure, laundry room, phone systems, personal hygiene, dining hall, voice mail phone, mail tray, time cards, mail/message board				
	Describe Medical plan and medication policy.				
	Explain house & kitchen duties – control center location				
	Explain smoking policy/smoking patio				
	Explain hazardous chemicals/MSDS Book				
	Email Hayley if SWR/OWI client coming from the institution with psych meds are NOT coming in with a 30 day supply and 2 refills				