

# INTAKE TRACKING FORM FOR DSHS CLIENTS – ADULT DAY CARE

Client Name: \_\_\_\_\_

Date Referral received from DSHS: \_\_\_\_\_

Date we Respond to DSHS Case Manager Actual: \_\_\_\_\_ Required \_\_\_\_\_

*(2 days from referral date)*

Date DSHS Service Plan Received: Actual: \_\_\_\_\_ Required: \_\_\_\_\_

*(5 days from referral date)*

COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

Intake Evaluation Date: Actual: \_\_\_\_\_ *(ASAP – when client/representative can)*

**If program can meet client needs, proceed to next step. If not, notify Community Case Manager and Discharge Referral.  d/c'd referral & notified Community Case Manager Date: \_\_\_\_\_**

1<sup>st</sup> Scheduled Attendance Day: \_\_\_\_\_

*(ASAP–information & orders in place)*

Notification to Community Case Managers whether client accepted into program:

**Date:** \_\_\_\_\_ **Required:** \_\_\_\_\_

*(10 working days from the 1<sup>st</sup> attendance day)*

Send Preliminary Careplan: \_\_\_\_\_

Negotiated Care Plan Complete Actual: \_\_\_\_\_ Required: \_\_\_\_\_

*(30 days of acceptance)*

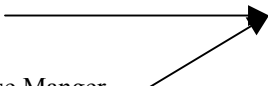
COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

**\*\*ALL ITEMS BELOW ARE REQUIRED FOR NEGOTIATED CAREPLAN TO BE COMPLETE\*\***

Care plan signed by Client/Representative

Care Plan sent to Community Case Manager

Care Plan signed & returned by Community Case Manger



_____ # of days to <i>acquire Case Managers Signature.</i>
---