

INTAKE TRACKING FORM FOR DSHS CLIENTS – ADULT DAY HEALTH

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?
 YES 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: _____

1st Scheduled Attendance Day: _____
(ASAP–information & orders in place)

Notification to Community Case Managers whether client accepted into program:
Date: _____ **Required:** _____
(within 10 paid service days)

Send Preliminary Careplan: _____

Negotiated Care Plan Complete Actual: _____ Required: _____
(30 days of acceptance)

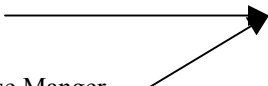
COMPLIANT?
 YES NO

****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
acquire Case Managers
Signature.*