

Client Application Checklist – Adult Services

INITIALS

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| | Initial inquiry and conversation documented on initial contact form |
| | Information forwarded to open a pending file |
| | Meeting with Applicant/Guardian/Family occurred |
| | Information package provided |
| | Completed Application Package received |
| | Placement Committee meeting held |
| | Follow-up letter re: decision from Placement Committee sent to Applicant/Guardian and/or referral source (as applicable) |
| | Checklist for Accounting completed and forwarded |

| DATE | INITIALS | COMMENCEMENT |
|------|----------|-------------------------------|
| | | Funding confirmation received |
| | | Commencement of service |

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|------------------|------------------|-----|-----------|---|----------|-------|------------|
| Binder(s): | Adult Services | | | | | Page: | 1 of 1 |
| Section(s): | Entry/Exit | R | Apr 21/05 | R | Mar 6/08 | R/R | Sept 24/12 |
| Program Area(s): | Adult Disability | R/R | Apr 4/18 | | | | |