

Clark Quality Care

|                                     |                        |                        |
|-------------------------------------|------------------------|------------------------|
| <b>INDIVIDUAL:</b>                  | <b>ADMISSION DATE:</b> | <b>DISCHARGE DATE:</b> |
| <b>AGENCY SIGNATURE &amp; DATE:</b> |                        |                        |

**INSTRUCTIONS:** Place **X** mark in the applicable column. Column **A** means the record is in **compliance**. Column **B** means that record is **non-compliant**. If **X** mark is placed in column **B**, please indicate in the **COMMENTS** column the **DATE** on the outdated document. The **X** mark in the **N/A** column means **non-applicable**. Record a **check mark** in column **A** if the record is **compliant**.

| DOCUMENT   | A | B | N/A | COMMENTS                |
|--|---|---|-----|-------------------------|
| Client Face Sheet Form   |   |   |     |                         |
| Client Screening Form  |   |   |     |                         |
| Consent to Release Information   |   |   |     |                         |
| Client Orientation Form  |   |   |     |                         |
| Emergency Medical Information Form   |   |   |     |                         |
| Annual Physical Examination  |   |   |     |                         |
| Service Agreement  |   |   |     |                         |
| Initial Assessment   |   |   |     |                         |
| Comprehensive Assessment   |   |   |     |                         |
| Initial ISP  |   |   |     |                         |
| Comprehensive Assessment   |   |   |     |                         |
| ISP Quarterly Review   |   |   |     |                         |
| Financial Information Form – Part I  |   |   |     |                         |
| Financial Information Forms – Part II  |   |   |     | <b>Filed separately</b> |
| Copy of Social Security Card   |   |   |     |                         |
| Copy of Photo Identification Card  |   |   |     |                         |
| Individual Information & Identification Record   |   |   |     |                         |
| Inventory of Valuables   |   |   |     |                         |
| Letter of Guardianship   |   |   |     |                         |
| Designated Representative Authorization  |   |   |     |                         |
| Evidence of Coordination of Care<br>(lab reports copies of prescriptions,<br>medical orders, medical/psychiatric appointments for<br>the Individual) |   |   |     |                         |
| Statements and Instructions for Supervising<br>Prescribed Medications  |   |   |     |                         |
| Statements and Instructions for Dietary Supplements  |   |   |     |                         |

Medicaid ID: \_\_\_\_\_

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| Behavior Treatment Plan       |  |  |  |  |
| Instructions for Special Diet |  |  |  |  |

**Page 2 of 2** | *Individual's Service Record Form* | **INDIVIDUAL'S NAME:**

| DOCUMENT   | A | B | N/A | COMMENTS |
|--|---|---|-----|----------|
| Medical Evaluation (applicable to service)   |   |   |     |          |
| Statement and Instructions for Special Medical Procedures                            |   |   |     |          |
| Fall Assessment  |   |   |     |          |
| Annual Consent for Treatment   |   |   |     |          |
| Instructions for Advanced Medical Procedures   |   |   |     |          |
| Incident / Accident Reports  |   |   |     |          |
| Abuse/Neglect Reporting Forms  |   |   |     |          |
| Behavior Intervention & Supports Forms   |   |   |     |          |
| Direct Care Staff Progress Notes - all shifts related to <b>ISP</b> goals/objectives |   |   |     |          |
| Signed Individual Handbook Receipt   |   |   |     |          |
| TB Test Results (annual)   |   |   |     |          |
| Individual Grievance Form  |   |   |     |          |
| Individual Discharge Form  |   |   |     |          |
| Hospitalization Documents  |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |
| Other:   |   |   |     |          |

| STAFF REVIEWER'S SIGNATURE | TITLE | REVIEW DATE |
|----------------------------|-------|-------------|
|                            |       |             |
|                            |       |             |
|                            |       |             |

