



PRENTICE HOUSE INC.

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NEW RESIDENT CHECKLIST

Resident: _____

- _____ Photograph of Resident
- _____ Court order / TPC
- _____ Contract
- _____ Request for MA card and Primary Insurance if necessary (date)
- _____ PH Release forms sent (date)
- _____ PH Release forms returned and filed
- _____ MMTC ROI's therapy sent (date)
- _____ MMTC AODA ROI's sent (date)
- _____ Face sheet completed
- _____ Social History / Background information / Referral Information / Assessments
- _____ Request for immunization records (date)
- _____ Immunizations in file and up to date
- _____ Case Plan created
- _____ Permanency Plan (for residents placed out of the home for more than six months)
- _____ Physical scheduled
Where: _____ Who: _____ When: _____
- _____ Dental exam scheduled
Where: _____ Who: _____ When: _____
- _____ Eye exam scheduled
Where: _____ Who: _____ When: _____
- _____ Individual counseling and/or psychiatric counseling scheduled
Where: _____ Who: _____ When: _____
- _____ AODA counseling scheduled
Where: _____ Who: _____ When: _____
- _____ Clothing Inventory
- _____ 90 Day Reviews _____
- _____ Discharge Summary

Monthly Reports (all monthly reports need to be sent to the social worker of that resident each month)

- | | | | |
|-------------|----------------|------------|----------------|
| Jan _____ | Sent by: _____ | July _____ | Sent by: _____ |
| Feb _____ | Sent by: _____ | Aug _____ | Sent by: _____ |
| March _____ | Sent by: _____ | Sept _____ | Sent by: _____ |
| April _____ | Sent by: _____ | Oct _____ | Sent by: _____ |
| May _____ | Sent by: _____ | Nov _____ | Sent by: _____ |
| June _____ | Sent by: _____ | Dec _____ | Sent by: _____ |

Serious Incident Reports (dates filed) _____