

INDEPENDENT LIVING INTAKE AND ORIENTATION CHECKLIST

Youth's Name _____

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|---|---|
| <input type="checkbox"/> File started; copy of birth certificate received; copy of Social Security card made (if needed for employment) with original returned to DHR | <input type="checkbox"/> Housing procured, deposit paid, lease signed, and landlord introduced to youth |
| <input type="checkbox"/> Physical examination completed or appointment made | <input type="checkbox"/> Lease reviewed with and copy provided to youth |
| <input type="checkbox"/> Copy of physical examination report filed in youth's record | <input type="checkbox"/> Rental information and copy of lease provided to program director |
| <input type="checkbox"/> Dental examination completed or appointment made (if applicable) | <input type="checkbox"/> Keys copied; 2 sets given to youth and 1 set to caseworker |
| <input type="checkbox"/> Copy of dental examination report filed in youth's record (if applicable) | <input type="checkbox"/> Utilities and telephone service connected and phone received by youth |
| <input type="checkbox"/> Caseworker assigned to youth | <input type="checkbox"/> "Monitoring Sheet For Youth In Independent Living Placements" completed |
| <input type="checkbox"/> Program policies reviewed with and signed by youth | <input type="checkbox"/> Telephone received by youth with important numbers posted nearby |
| <input type="checkbox"/> Communication with staff explained, pager provided and tested | <input type="checkbox"/> Basic supplies purchased |
| <input type="checkbox"/> Youth introduced to staff | <input type="checkbox"/> Life skills book received by youth |
| <input type="checkbox"/> Directions to office and office phone number(s) provided to youth | <input type="checkbox"/> Treatment plan completed and signed by youth |
| <input type="checkbox"/> Other program forms and explanations as needed: | |

Signature Of Staff Member Completing Checklist

Date Completed