

# Better Together Mesa

## YOUTH FOLDER CHECKLIST

YOUTH NAME:		DOE:	DOB:
<b>ON MEDICATION?      YES      OR      NO      (CIRCLE ONE)</b>			
X	<b>CHECK BOX IF DOCUMENT IS INSIDE FOLDER</b>		
MEDICAL EXAM		DATE OF EXAM:	
DENTAL EXAM		DATE OF EXAM:	
VISION EXAM		DATE OF EXAM:	
MEDICATION FLOWSHEETS			
NOTICE TO PROVIDER			
YOUTH ALLOWANCE			
PERSONAL INVENTORY			
INDEPENDENT LIVING TRAINING			
ORIENTATION CHECKLIST			
FACE SHEET			
ADMISSION AND INTAKE			
24 HOUR CURSORY   BODY CHART			
INITIAL SERVICE PLAN AND 90 DAY SERVICE PLANS			
MEDICAL HISTORY			
30 DAY PROGRESS REPORTS			
INTAKE PACKET SIGNED BY CASE MANAGER			
ACHSS CARD OR CMDP CARD			
CPC (CHANGE OF PHYSICAL CUSTODY)			
SCHOOL ENROLLMENT INFORMATION			
BIRTH CERTIFICATE   STATE ID   SOCIAL SECURITY CARD (CIRCLE)			
MEDICATION CONSENT FORM			
CONTACT SHEET			