**Consumer Name:** Click here to enter text. **DOB:**

**Date of Referral:** Click here to enter a date. **Facilitator:** Choose an item.

**Screening Appointment in CCS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Financial Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Application and Admission to Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Releases of Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Functional Screen Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Functional Screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical Records \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prescription \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Functional Screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Authorization for Services Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Informed Consent for Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Client Policies Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Texting Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telehealth Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Update PPS in MyEvolv ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**30 Day Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(All paperwork to be completed 30 days from Application Date)***

* CCS Assessment/Summary ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CCS Recovery Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Hold First Team Meeting and Invite MHP

**6 Month Review Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ­­

* CCS Recovery Plan Update \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TARP Notes (send to contracted providers if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PPS in MyEvolv \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yearly Review Due:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Financial Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Application and Admission to Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Functional Screen Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Functional Screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Authorization for Services Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Informed Consent for Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Client Policies Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Texting Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telehealth Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Release of Information Forms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prescription Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Update PPS in MyEvolv ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Review/Update Assessment ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Review/Update Recovery Plan ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discharge Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Discharge Summary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PPS in MyEvolv \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Closed in CCS in MyEvolv \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_