**MOTHER SHEET**

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| **ENTRY**  \_\_\_\_ Services Tally CINS/FINS Residential  \_\_\_\_ Consent for Release of Confidential School  Information  \_\_\_\_ Intake Assessment/NETMIS  \_\_\_\_ Informed Consent & Participant Agreement  (Parent Signature)  \_\_\_\_ Parent Packet  \_\_\_\_ Informed Consent & Participant Agreement (Participant Signature)  \_\_\_\_ Participant Packet  \_\_\_\_ Participant Orientation Checklist  \_\_\_\_ Screening/Referral Form  \_\_\_\_ Inventory Statement  \_\_\_\_ Blue/White Card (Data Card Box)  \_\_\_\_ Current cross-reference Log Entry  \_\_\_\_ Medication Board Listing  \_\_\_\_ Notice of Privacy Practices (HIPAA)  \_\_\_\_ Non-Custodial Arrival/Pick-up  \_\_\_\_ Px. Bed # and Name on Board(s)  \_\_\_\_ Contact List  \_\_\_\_ Program Rules  \_\_\_\_ Medication Record Log(s)  \_\_\_\_ Opening Statement in progress notes  \_\_\_\_ Media Form  Initial each item as it is completed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift Leader Signature |  | **DISPOSITION**  \_\_\_\_ Participant Service Questionnaire  \_\_\_\_ Parent Service Questionnaire  \_\_\_\_ Disposition Summary/Aftercare Plan  \_\_\_\_ Non-Custodian Arrival/Pick-up  \_\_\_\_ Inventory Statement  \_\_\_\_ Strip Bed, Wash Linen  \_\_\_\_ Parent/Guardian Release  \_\_\_\_ Intake/Assessment/NETMIS  \_\_\_\_ Blue/White Card (Data Card Box)  \_\_\_\_ Current cross-reference Log Entry  \_\_\_\_ Point Sheet(s)  \_\_\_\_ Medication Record Log(s)  \_\_\_\_ Participant Money Transactions  \_\_\_\_ NETMIS Discharge Information  \_\_\_\_ Closing Statement in Progress Notes  \_\_\_\_ Erase Participant name from Board  \_\_\_\_ Erase Participant name from Medication Board    Initial each item as it is completed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift leader Signature |
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| **COUNSELING DISPOSITION**  \_\_\_\_ Disposition Summary  \_\_\_\_ NETMIS Discharge Status    Initial each item as it is completed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature |
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| **DATA**  \_\_\_\_ NETMIS Entry  \_\_\_\_ Participant # on File  \_\_\_\_ Label for Participant File  \_\_\_\_Disposition Folder Stored    Initial each item as it is completed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature |
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| **COUNSELING SESSIONS**  \_\_\_\_ NIRVANA Assessment  \_\_\_\_ Biographical Addendum (if applicable)  \_\_\_\_ Full Suicide Assessment (if applicable)  \_\_\_\_ Individual Plan  \_\_\_\_ Initial Plan (if applicable)  \_\_\_\_ Safety Plan (if applicable)  Initial each item as it is completed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisors Signature |  |
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| **PARTICIPANT**    Name # |