**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 FormInitial 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 # |