



**The Carpenter's Way**

A Christian Home For Children.

## **Application & Placement Checklist**

**All of the following items must be received by The Carpenter's Way no later than the child's day of entry. Documents that are not completed and signed could result in a later day of entry.**

- \_\_\_\_\_ Application for Admission to Residential Child Care Agency (DHR Form 749)
- \_\_\_\_\_ Social Summary and/or Social History (290-2-6.04 1a)
- \_\_\_\_\_ Psychological and/or Educational Evaluation to include, current within one year, Intelligence Testing, and any other type of Psychological testing that has been completed
- \_\_\_\_\_ Discharge Summary form and psychiatric hospitalizations and/or previous placements (also to include a summary of outpatient counseling services)
- \_\_\_\_\_ Consent for Medical Services (290-2-6.04 6a, 290-2-6.06 0b)
- \_\_\_\_\_ Signed Release of Information
- \_\_\_\_\_ 30-day supply of prescribed medication or pre-arranged, standing appointment with prescribing physician/psychiatrist within first 30 days of placement
- \_\_\_\_\_ A current medical physical stating that the child is in good health and/or an explanation of any known condition and the prescribed treatment (290-2-6.06 3, 290-2-6.06 6a-f)
- \_\_\_\_\_ Medical History or Summary (290-2-6.604 6h)
- \_\_\_\_\_ Initial Plan of Care Form (290-2-6.04 5)
- \_\_\_\_\_ Social Services Form (290-2-6.04 4a 1a-f)
- \_\_\_\_\_ Initial Evaluation Form (290-2-6.04 4a-d, 6d)
- \_\_\_\_\_ Publication Release (290-2-6.05 5)
- \_\_\_\_\_ Copy of Social Services Case Plan (DHR Form 387) (290-2-6.04 6a-b)
- \_\_\_\_\_ Confirmed date of next Panel/Case Review, every 6 months (290-2-6.04 1b)
- \_\_\_\_\_ Institutional Placement Agreement (DHR Form 448) (290-2-6.04 6a-b)
- \_\_\_\_\_ School records to include:
  - \_\_\_\_\_ School Withdrawal Form
  - \_\_\_\_\_ Form 3032, School Immunization Record (290-2-6.06 6c)
  - \_\_\_\_\_ Form 3300, Eye, Ear & Dental Certificate of Examination
- \_\_\_\_\_ Copy of Court Order
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Current Medicaid Card

**Please have address changed to:**

**The Carpenter's Way**

**P.O. Box 578**

**Fortson, GA 31808**