



Participant Intake Checklist

Participant Full Name _____

Please help us to meet state requirements and maintain a comprehensive record book by giving us copies of the following if applicable:

- Photocopy of Medicaid card
- Copy of ID
- Copy of Social Security Card or Birth Certificate
- Guardianship papers
- Copy of annual physical (or note from doctor stating when the last physical took place if within the last 12 months)
- Copy of prescriptions to be taken in program, including OTC
- Medical protocols
- Copies of any evaluations if you have them (even from long ago)
 - Speech / communication evaluation
 - Vocational reports
 - Physical therapy
 - Occupational therapy
 - Psychological / neurological evaluation
- Copy of previous IEPs or ISPs
- Any other miscellaneous documentation that may be important