Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
CASE RESOURCE MANAGER (CRM)

DDA Youth Transitional Care Facility Admission Checklist

To Be Completed by Facility Staff.

YOUTH'S NAME		ADSA ID NUMBER	DATE OF BIRTH	AGE
YOUTH'S HEIGHT / WEIGHT	PARENT OR LEGAL GUARDIAN'S NAME	PARENT OR LEGAL GUARDIAN'S PHONE NUMBER (INCLUDE AREA CODE)		
PARENT OR LEGAL GUARDIAN'S ADDRESS		PARENT OR LEGAL GUARDIAN'S EMAIL ADDRESS		
DATE DECISION APPROVED	PRE-ADMISSION MEETING DATE	ADMISSION DATE		

Field Services CRM: Provide the following in the referral packet.

EVALUATION / ASSESSMENT	RECEIVED	N/A	EVALUATION / ASSESSMENT	RECEIVED	N/A
DDA Assessment	☐	☐	Incident Report	☐	☐
Behavior Support Plan	☐	☐	Individual Education Plan	☐	☐
Cross Systems Crisis Plan	☐	☐	Pending Criminal Charges	☐	☐
Current Court Orders	☐	☐	Psychiatric Evaluation	☐	☐
Guardianship Document (certified)	☐	☐	SOTP Risk Assessment	☐	☐
Health and Physical - annual	☐	☐	Other:	☐	☐

Field Services CRM: Support the facility to receive the following documents **before admission**.

IDENTIFICATION	RECEIVED	N/A	IDENTIFICATION	RECEIVED	N/A
Birth Certificate (certified preferred, copy acceptable)	☐	☐	Medicaid / ProviderOne Card	☐	☐
Current state Identification Card	☐	☐	Medicare and/or Private Insurance card	☐	☐
Immunization records	☐	☐	Social Security Card	☐	☐

LBTCF: Before admission, mark applicable box when the document is received or N/A, if applicable.

CONSENT FORM	RECEIVED	N/A	CONSENT FORM	RECEIVED	N/A
Consent, DSHS 14-012	☐	Required	Informed Consent	☐	☐
Costs of Care, DSHS 16-279	☐	Required	POLST or Advance Directive, if applicable	☐	☐
Dental Consent	☐	Required	Resident Accounts / Rep Payee, if applicable	☐	☐
DSHS Notice of Privacy Practices for Client Medical Information, DSHS 03-387	☐	Required	Consent and Treatment Agreement	☐	Required
School enrollment	☐	☐			

FIELD SERVICES CRM SUPPORT THE FACILITY TO OBTAIN THE FOLLOWING RECORDS **BEFORE ADMISSION**:

- ☐ Current verified (i.e., by pharmacy) medication list and orders
- ☐ Any adverse drug reactions or allergies, if known
- ☐ Dietary related needs
- ☐ Family history (major cardiovascular, respiratory, diabetes, stroke, intellectual or developmental disabilities, psychiatric illnesses)
- ☐ Previous medications, if any, for psychiatric related issues
- ☐ Birth and developmental history (i.e., type of birth - vaginal, C-section; trauma or complications during pregnancy or delivery, early childhood development, onset of delays, etc.)
- ☐ Date of last dental visit
- ☐ Date of last ophthalmology / optometry visit, if applicable
- ☐ Date of last audiology visit, if applicable
- ☐ Past medical history (major childhood illnesses, surgeries)