



California Access to Recovery Effort

(CARE)

Form 11

CLIENT FILE CHECKLIST

(revised 4/08)

This form (or other similar ADP-approved form) must be in every client's file to ensure proper documentation of CARE services.

| Complete X | Documentation Required | Assessment Providers | Treatment Providers | Recovery Support Providers |
|---------------|---|-------------------------|------------------------|----------------------------------|
| | Client identifying information (CARE client identification number, name, address, telephone number, SSN, date of birth, gender, and emergency contact) | X | X | X |
| | Copy of completed treatment assessment or recovery support screening and assessment | X | X | X |
| | Original, completed and signed <i>Provider Choice Verification</i> | X | | |
| | Copy of all completed GPRA interviews (or, if completed directly on the VMS, documentation of date of completion) | X | | |
| | Copy of <i>Telephone Interview Consent</i> form, if GPRAs conducted via telephone. | X | | |
| | Receipt from client for incentives provided for GPRA discharge and 6-mo follow-up interviews | X | | |
| | Copy of completed <i>Referral Letter and Referral Completion</i> forms | X | X | X |
| | <i>CARE Consent to Release Confidential Information</i> and client's authorization to release confidential information to other parties, as appropriate | X | X | X |
| | Completed <i>Health Study Locator</i> form | X | | |
| | Completed, individual treatment plan | | X | |
| | Completed, individual <i>Recovery Support Service Plan</i> | | | X |
| | Completed <i>Client Services Summary</i> , documenting every service provided | X | X | X |
| | Copy of the <i>Services Discharge Summary</i> form, when client is discharged | X | X | X |