



California Access to Recovery Effort

(CARE 3)

Revised September 2010

CLIENT FILE CHECKLIST

Completed X	Documentation Required	Assessment Providers	Case Managers	Treatment Providers	Recovery Support Providers
	<i>Consent to Release Confidential Information</i> form signed by the client indicating his/her consent to participate in the CARE program.	X	X	X	X
	Client identifying information (client ID, name, address, phone number(s), SSN, date of birth, gender, and emergency contact)	X	X	X	X
	Copy of completed treatment assessment or recovery support screening and assessment	X	X (summary)	X (summary)	X (summary)
	Original completed and signed <i>Provider Choice Verification</i>		X		
	Copy of completed <i>Referral Letter</i> and <i>Referral Completion</i> forms		X	X	X
	Client's signed authorization to release confidential information to other parties, as appropriate.	X		X	X
	Copy of <i>Adolescent Residential Treatment Request for Continuing Services</i> form, if appropriate			X (resi providers only)	
	Copy of all 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		
	Signed receipt from client for incentive payment		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 all services provided				
	Completed <i>Consent to Participate in Telephone Monitoring</i> form if client receiving TMAC services			X	