



California Access to Recovery Effort

(CARE)

Revised 12_08

CLIENT FILE CHECKLIST

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

Completed X	Documentation Required	Assessment Providers	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		
	Client identifying information (client ID, name, address, phone number(s), SSN, date of birth, gender, and emergency contact)	X	X	X
	<i>Customer Satisfaction Survey Consent</i> form signed by client if he/she consented to being surveyed after program completion.	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 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 Preauthorization Request</i> form, if appropriate	X (at intake)	X (resi providers only)	
	Copy of all completed GPRA interviews (or, if completed directly on the VMS, documentation of date of completion)	X (intake GPRA)	X (discharge & 6-mo GPRA)	X* (discharge & 6-mo GPRA)
	Copy of <i>Telephone Interview Consent</i> form, if GPRA's conducted via telephone.		X	X*
	Signed receipt from client for incentive provided for 6-month follow-up interview		X	X*
	Completed <i>Health Study Locator</i> form		X	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	X	X	X
	Date of request and justification for requesting continuing care, stabilization, or recovery management voucher		X	X

* Only required by the recovery support provider if client is receiving recovery support services only (no treatment).