



## Checklist Audit for Client Attachments

Client Name \_\_\_\_\_

Counselor \_\_\_\_\_

Intake Date \_\_\_\_\_

\_\_\_\_\_ Medicaid Y/N

\_\_\_\_\_ Blue Sheet

\_\_\_\_\_ Green Sheet (Coordination of Care)

\_\_\_\_\_ Driver's license or other ID

\_\_\_\_\_ Insurance Card

\_\_\_\_\_ Demographic Sheet

\_\_\_\_\_ Disclosure Signature sheet

\_\_\_\_\_ Financial Agreement

\_\_\_\_\_ Credit Card Info

\_\_\_\_\_ Biopsychosocial 4-page intake

\_\_\_\_\_ Sliding Scale Fee Application

\_\_\_\_\_ Documents to support sliding fee

\_\_\_\_\_ Collateral Agreement

\_\_\_\_\_ Custody documentation

\_\_\_\_\_ Grant Intake Form

\_\_\_\_\_ CDBG-CV

\_\_\_\_\_ Certification of Income

\_\_\_\_\_ OQ

\_\_\_\_\_ EAP documentation

Comments: \_\_\_\_\_

Legend:

A=Acceptable

M=Missing

I=Incomplete

NA=Not applicable