

Checklist for Placement in an Assisted Living Facility:

This checklist is to be initiated at least 6 months prior to end of sentence.

Inmate Name/DC#:		Anticipated Release Date:	Date Checklist initiated:	Target Date for Completion:
Date Initiated	Task	Date Completed	Initials	
MEDICAL and MENTAL HEALTH PATIENT INFORMATION				
	DC4-711B (Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information) completed for disclosure to FDC/COMMUNITY CORRECTIONS/SOCIAL SECURITY/ALL COMMUNITY HEALTH PROVIDERS for the purpose of Release Planning) completed.			
	DC4-730 (Problem List – verify that list is up to date and accurate)			
	DC4-549 (Pre-release Health Care Summary – completed with all required signatures?)			
	DC4-549A (Pre-Release Health Care Supplemental – completed and signed by clinician?)			
	DC4-666 English / Spanish (Designation of Healthcare Surrogate –listed surrogate is verified with inmate as correct?)			
	DH 1896 Bilingual (Do Not Resuscitate Order – signed by inmate or healthcare surrogate?)			
	DC4-701 (Chronological Records of Health Care – Inpt. + Outpt.) for the past 30 days			
	DC4-701A (Medical and Treatment Record – Inpt + Outpt) for the past 3 months			
	DC4-701F (Chronic Illness Clinic – Inpt + Outpt) for the past 3 months			
	DC4-702 (Consultation Request- Consultant’s Report – Inpt + Outpt))			
	DC4-714B (Clinician’s Order Sheet – Inpt. + Outpt) for the past 3 months			
	DC4-714D (Infirmiry Admission Orders Sheet) for the past 3 months			
	DC4-716A (Graphic Chart)			
	ANY OTHER labs, X-rays, and further evaluations or analysis that document the health condition (performed in the last 3+ months (Inpt + Outpt), as related)			
	If inmate has a current Classification of Psych 3 or above:			
	DC4-642A (Outpatient Psychiatric Follow-up – within the last 6 months)			
	DC4-643A (Individual Service Plan – up-to-date and accurate)			
	DC4-643C (Bio-Psychosocial Assessment - current)			
	DC4-642 (Chronological Record of Outpatient Mental Health Care) for the past 3 months			
	DC4-642F (Chronological Record of Inpatient Mental Health Care), if applicable			
	DC4-655 (Psychiatric Evaluation)			
	DC4-657 Discharge Summary for Inpatient Mental Health Care), if applicable			
	DC4-661 (Summary of Outpatient Mental Health Care)			
SOCIAL SECURITY PACKET				
	SSA-8001 (Application for Supplemental Security Income – completed with required signatures)			
	SSA - 827 (Authorization to Disclose Information... – completed with required signatures)			
	SSA-3368 (Disability Report – Adult)			
	Medical Summary of the qualifying disability			
	SSA-3288 English / Spanish (Consent for Release of Information – completed with required signatures)			
AHCA				
	AHCA 1823 (Health Assessment – completed with required signatures)			
ACCESS FLORIDA APPLICATION FOR MEDICAID CF-ES 2337				
	ACCESS Florida Application CF-ES 2337 English / Spanish / Creole completed. DO NOT SUBMIT ON LINE.			
	The completed forms and required documentation was sent to: Correctional Program Administrator, Department of Corrections, 501 South Calhoun St., Tallahassee, Florida 32399-2500			

Inmate Name _____
 DC# _____
 DOB _____ M/F _____
 Institution _____

 Signature of person submitting required paperwork Date