

Checklist for Placement in a Nursing Home:

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 (Infirmary 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 form (Disability Report – Adult)				
	Medical Summary of the qualifying disability				
	SSA-3288 English / Spanish (Consent for Release of Information – completed with required signatures)				
CARES ASSESSMENT 45-60 days from EOS with ELDER AFFAIRS – DUE DATE: _____					
	PASRR (Pre-Admission Screen and Resident Review – completed with required signatures)				
	AHCA MedServ-3008 (Medical Certification - completed with required signatures)				
	AHCA MedServ-2040 (Informed Consent Form – 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.				
	CF-ES 2613 Bilingual (English & Spanish) / Creole (Financial Information Release – completed with required signatures)				
	CF-ES 2514 English / Spanish / Creole (Authorization to Disclose Information – completed with required signatures)				
	CF-ES 2505 English / Spanish / Creole (Appointment of Designated Representative – completed with required signature)				
	Copy of OT23/Photo ID – current photo				
	Medical Records				
	Proof of submission for SSI/SSDI				
	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 _____