

Daycare Admission Checklist



Resident Name _____ **Admit Date** _____

- | | |
|---|--|
| <input type="checkbox"/> Admission Record | <input type="checkbox"/> RIS (Resident Information Sheet) |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Daycare Log (sent to accounting after visit with payment) |
| <input type="checkbox"/> Daycare Agreement (signed) | |
| <input type="checkbox"/> Shadow Tracker | |
| <input type="checkbox"/> Insurance Information | |
| <input type="checkbox"/> History & Physical within 6 Months | |
| <input type="checkbox"/> Medication List (signed) | |
| <input type="checkbox"/> Temporary Care Plan | |
| <input type="checkbox"/> POA (Power of Attorney) | |
| <input type="checkbox"/> POST (DNR or Full Code) | |
| <input type="checkbox"/> Media Release | |
| <input type="checkbox"/> Social History | |
| <input type="checkbox"/> Picture (add to Blue Step) | |