

Client Intake & Eligibility Form Checklist

Health Services

ATTENDANT DETAILS

Were the name and relationship of the PGA registered?

Yes

No

NA

Were the date of birth for the PGA registered?

Yes

No

NA

Were the contact information of the PGA noted down?

Yes

No

NA

AUDIT VERIFICATION

I acknowledge that I have read, understand and accept the information that has been shared with me the (Client) and/or the PGA during this intake and eligibility process.

Yes

No

NA

Date of inspection

DATE

2017-01-01

Time taken

Client signature

SIGNATURE

PGA signature if needed

SIGNATURE

Staff signature

SIGNATURE

CLIENT DETAILS

Have you updated the client's full and legal name?

Yes

No

NA

Have you updated the client's accurate and legal birthdate?

Yes

No

NA

Have you updated the client's accurate and official social security number?

Yes

No

NA

Have you updated the insurance provider's name and number?

Yes

No

NA

Have you cross checked the client's age?

Yes

No

NA

Have you updated the client's address?

Yes

No

NA

Have you updated the client's telephone number?

☐

Yes

☐

No

☐

NA

Is the client qualified for services?

☐

Yes

☐

No

☐

NA

Were the names of the qualified person mentioned in the list?

☐

Yes

☐

No

☐

NA