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| **What is needed:** | **Due Dates:** |
| Prudent Parenting Part A | Due upon intake |
| Prudent Parenting Part B | Due within 7 days of intake date |
| CANS Assessment | Due within 30 days of intake date |
| MA # and/or SSN (circle one) ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Due upon intake |
| Current Medication List from prescribing doctor | Due upon intake |
| Police Contact Sheet | Due upon intake |
| Approved Contact list (must provide phone #’s) | Due upon intake |
| 3 treatment goals from social worker for youth  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Due upon intake |
| 3 treatment goals from parent/guardian for youth  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Due upon intake |
| Amery Hospital Consent Form and release:  *Please list previous medical providers (including mental health)*  1.­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*\*Amery will need releases filled out for each\*\*** | Due upon intake |
| Northlakes Community Dental Forms | Due upon intake |
| PA signatures | Due upon intake |
| Amery school enrollment (if applicable) | Due upon intake |