

# RECORDS CHECKLIST AND AUDIT

Client Identifier: \_\_\_\_\_

CM Status: \_\_\_ A \_\_\_ B \_\_\_ M \_\_\_ I

Date Review: \_\_\_\_\_

Elements	Initial	Comments	Update	Comments
<i>Non-Medical</i> *****      *****      *****      *****				
Intake Form Complete				
information Exchange				
Rights & Responsibilities				
Cas Record Review				
Acuity/ Needs Analysis Worksheet				
Client Care Plan				
Financial Program Eligibility				
Financial Assistance Agreement				
Financial Assistance Log				
Annual Client Survey				
Annual Client Update				
Client Notes				