**DOVE POINTE, INC. /DOVE POINTE RESIDENTIAL SERVICES. INC.**

**LIST OF DOCUMENTS REQUIRED FOR ADMISSION**

***The following is a list of documents that must be submitted prior to admission to the day and/or residential program:***

* **Physical Exam** – the form is in the packet. If the individual has had a physical within the last year you may have the physician transfer the information to the Dove Pointe form. Please be sure the physician puts the individuals name at the top of each page.
* **PPD** – the tuberculin skin test within the last year. The physician can administer the PPD. The document must include the date administered, the date read, and the results.
* **Physician’s Order Form** – is required for anyone we may need to administer any type of medication to, including over the counter medication such as Tylenol, cough medication, etc…
* **List of Medications** – must be included on the physical exam or a on a separate document.
* **MOLST form** – is required to be completed by the individual or family member. The first two pages must be signed by the physician.
* **Immunization Record** – must include MMR (measles, mumps, rubella), Vericella (chicken pox) or documentation that the individual has had chicken pox, and Hepatitis B (documentation of the vaccine or immunity to Hepatitis B).
* **Copy of the individual’s insurance card**.
* **Guardianship documents if applicable**.
* A copy of the individual’s **birth certificate** (the **Admissions Coordinator must see the original document for verification).**
* Picture identification
* A copy of the individuals **social security card** (**the Admissions Coordinator must see the original document for verification**).
* Completed tax forms **W-4, Maryland 507 and I-9** if the individual is going to work and receive payment while at Dove Pointe.

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* A completed **Program Application**
* A completed **Meal Benefit form** so the individual is able to receive lunch at no charge.
* A completed and signed **Release of Information** form.
* A completed **Emergency Contact** form.
* A completed and signed **Photo Release** form
* A signed copy of the **receipt page of the Rights and Responsibilities handbook**.
* An **IP** or **IEP** from the previous provider or school.
* A copy of the individuals **Behavior Intervention Plan** if applicable.
* Copies of Psychological evaluations, neuropsychological evaluations, physical therapy evaluations, occupational therapy evaluations, speech evaluations and swallowing evaluations if applicable, that may be helpful in the coordination of services for the individual.