 **APPLICANT INTEREST AND INTAKE PACKET CHECKLIST**

STEP Resource Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: \_\_\_\_\_\_\_\_\_\_ Applicant's phone: \_\_\_

Applicant's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person #1 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person #2 Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supports Coordination Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SC Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Completion of Necessary Actions:**

Applicant has toured the program Date of Tour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant received information regarding the program content and anticipated outcomes (STEP brochure)

Applicant has expressed an interest in the following STEP Services:

Supports Coordination  Supported Employment  Job Development and Placement

Skills Building:  Production/Resource Center  Community  Classroom

Applicant is not currently interested in STEP services and received further referral if desired.

**B. RECEIPT OF NECESSARY PAPERWORK AND FORMS:**

STEP Application Form Date of Application: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Wage Earning (SEP, Production, IE):  Social Security Card (original) for I-9  W4’s (wage earning programs only)

Current State I.D. or Driver’s License (original submitted) for identity verification and I-9

Copy of current Guardianship papers (if applicable)

Insurance Status:  Medicaid (Date Verified \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Non-Medicaid  Medicare

Physical Examination Report (within last year) (requested at intake to note medical conditions)

Case Record Documents available for download (specify system):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBPS        **\***IPOS date:        Crisis Plan  SIS / SIS Referral date:

Behavior Plan (if applicable) Intake Packet Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***IPOS must contain language for STEP services and a completed signature page

*"Our mission is to support individuals in the pursuit of their chosen goals and the achievement of personal satisfaction in their lives."*