 **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."*