

**Far Northern Regional Center
Facility Checklist for Sending/Receiving a Consumer**

Consumer Name: _____

Date: _____

- P&I Balance \$ _____
- Consumer/Conservator signed for the release of funds _____
- Medications _____
- Copy of MAR _____
- List of scheduled appointments (Who, What, Where and When)

- _____
- _____
- _____

- Current Pharmacy _____
- Current Physicians _____
- Other Specialists _____
- Copy of most recent Physical and TB _____
- Insurance Cards

- Medi-Cal
- Medi-Care
- Drug Rx
- Social Security
- Bank Cards
- Birth Certificate
- California ID

- Personal Care Guideline _____
- Current Emergency/Family contact information _____

- Any other personal documents _____
- Personal Property Inventory _____
- Mail _____
- Change of Address Form _____
- Special Equipment _____

- Legal Information (Burial Information, Advanced Health Care Guideline) _____

- Medical Records _____

- Other/Misc _____

Consumer Signature: _____

Receiving Home Signature: _____

Sending Home Signature: _____