

helping people with developmental disabilities participate in our community...

Community Support Network, Inc Collaborations



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...bringing our community together

Pre – Intake and Screening Checklist – Updated July 2014

Collaborations is a State Certified Mental Health Clinic. As such, there are a number of regulations that we follow to ensure high quality of care. Please review this checklist to ensure your application for services is complete.

Purpose: This Pre-Intake system has been designed to ensure you are:

- Fully informed of your rights
- Assigned to appropriate services and service providers within Collaborations
- Referred appropriately if Collaborations is unable to meet your needs

For your convenience, we also want to make sure we are able to assist, as much as possible, with the paperwork required to bill your insurance.

PSS: Some clinics use the term “patient” or “client”. At Collaborations, we use “Person/People Seeking Support” (PSS).

- Each form is for one/single PSS.
- If there will be more than one PSS (for instance a couple or a family working together in therapy as patients) a form should be filled out for each person.

Please be aware:

- Collaborations services must be provided within the clinic. Therapy cannot be conducted over the phone or in locations outside the clinic.
- Collaborations’ policies require regular Treatment Plan Reviews, which occur at a meeting with the PSS and key members of the team. The reviews are called “Collaborative Participant Exchanges (CPEs).” During CPEs, treatment progress will be reviewed and future planning will occur. Additionally PSS and team satisfaction will be discussed and addressed. By submitting a Pre-Intake and Screening Packet, the team is agreeing to participate in CPEs, as scheduled by the Clinician.

ITEMS FOR YOUR REVIEW

- Therapy Privacy Practices Notice
- Grievance Procedure
- Important Policies to Be Aware of
- Access to Records
- Financial Policies

ITEMS REQUIRED FOR ALL SCREENING PACKETS

- Pre-Intake Screening Form – filled in
- Full medication list (if on any medications), including:
 - Names
 - Doses
 - Administration times
 - Purposes
 - Prescribers
 - Date last checked
- Insurance Information and Payment Contract for Services Form – filled in (except “Estimated Insurance Benefits”) and signed

ITEMS REQUIRED FOR SCREENING PACKET IF THE PSS IS NOT THEIR OWN GUARDIAN AND THE GUARDIAN WILL NOT BE AT INTAKE

- Informed Consent – Signed
- Financial Policies - Signed

When submitting your application, please submit every page, even if you have left it blank or you feel it does not apply.

Packets may not be screened until all items are turned in and complete.

** Boxes labelled “for office use” do not need to be filled in **