# Skilled Nursing Facility Transition Checklist

The following documents are required for an application to be considered complete:

☐ Completed Checklist

☐ Medi-Cal Eligibility Printout

☐ SNF Face Sheet

☐ Completed Assessment Tool
  o Signed by a Registered Nurse
  o Submitted to DHCS within 60 days of the Registered Nurse signature

☐ Completed Individual Service Plan (ISP)
  o Can be completed by a Registered Nurse or Social Worker

☐ Durable Power of Attorney (if applicable)
  o Specific to health care decisions
  o Signed by the Applicant and Notarized

☐ Amenity Form
  o Signed by the Applicant/Legal Representative

☐ Freedom of Choice Form
  o Signed by the Applicant/Legal Representative

☐ Patient's Rights Form
  o Signed by a Registered Nurse or Social Worker
  o Signed by the Applicant/Legal Representative