

## Community Transition Checklist

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

- ☐ Completed Checklist
- ☐ Medi-Cal Eligibility Printout
- ☐ Completed Assessment Tool
  - Signed by a Registered Nurse
  - Submitted to DHCS within 60 days of the Registered Nurse signature
- ☐ Completed Individual Service Plan (ISP)
  - Can be completed by a Registered Nurse or Social Worker
- ☐ Durable Power of Attorney (if applicable)
  - Specific to healthcare decisions
  - Signed by the applicant and notarized
- ☐ Completed 602/602A Form
  - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
  - Signed by the Medical Doctor
  - Applicant name and Applicant/Legal Representative signature
- ☐ Freedom of Choice Form
  - Signed by the Applicant/Legal Representative
- ☐ Amenity Form
  - Signed by the Applicant/Legal Representative
- ☐ Patient's Rights Form
  - Signed by a Registered Nurse or Social Worker
  - Signed by the Applicant/Legal Representative

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