

Existing Facility Resident 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 45 days of the Registered Nurse signature
- ☐ Completed Individual Service Plan (ISP)
 - Can be completed by a Registered Nurse or Social Worker
 - Completed within 10 days of the completed assessment tool
- ☐ Durable Power of Attorney (if applicable)
 - Specific to health care 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 MD
 - Applicant name and Applicant/Legal Representative signature
- ☐ Completed 603 Form (Replacement Appraisal Information-Admission to RCF)
 - Signed by the RCF Staff
 - Signed by the Applicant/Legal Representative
- ☐ Freedom of Choice
 - Signed by the Applicant/Legal Representative
- ☐ Amenity Form
 - Signed by the Applicant/Legal Representative
- ☐ Patient's Rights Form
 - Signed by Applicant/Legal Representative
 - Signed by a Registered Nurse or Social Worker

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