



Existing Facility Resident Transition Checklist

The following documents are required for an application packet 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)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
- 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
- Service Plan Agreement Form
 - Signed by the Applicant/Legal Representative
 - Signed by a Registered Nurse or Social Worker