

## 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
  - 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 health care decisions
  - Signed by the Applicant and Notarized
- Amenity Form
  - Signed by the Applicant/Legal Representative
- Freedom of Choice 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

Integrated Systems of Care Division  
1501 Capitol Avenue, MS 4502  
P.O. Box 997437  
Sacramento, CA 95899-7437  
(916) 552-9105  
Internet Address: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)