

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

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