

## City of Winchester CSA Required Checklist

~~XXXXXXXXXX~~ Child's Name:

~~XXXXXXXXXX~~ FAPT    FTM    IDT (Check one)    Date of Meeting:

Items	Required	Yes	No	Comments
Winchester CSA Referral Form	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Eligibility Determination Form(s)	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Report ( <i>FTM only</i> )	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Signature Sheet ( <i>FTM's only</i> )	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
Service/Care Plan	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
FAPT/FTM Budget Request Form Include all services/funding sources	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Progress Report from Service Provider ( <i>must be current</i> )	At Review	<input type="checkbox"/>	<input type="checkbox"/>	
CANS	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Consent to Exchange Information	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Parental Co-Pay Screening Form & Agreement	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
CSA Brochure ( <i>signed</i> )	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
<b>As Needed:</b>				
CSA Update & Communication Form ( <i>Service Update and Changes</i> )		<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Need ( <i>Medicaid Facilities</i> )		<input type="checkbox"/>	<input type="checkbox"/>	

*\*Purchase Orders will not be processed until required paperwork is provided to the CSA office.*