

FILE/DATABASE COMPARISON

Client Name: _____ Intake Date: _____

Comparison Date: _____ Staff Completing Comparison: _____

DATABASE COMPARISON

Place a check (✓) by each area that is accurate. Correct or add any info. that is inaccurate or missing.
Initial each area upon completion.

Verify: Name: _____ SSN: _____ DOB: _____ Address: _____ Phone: _____

Referral Info: Case number (s) _____ Court: _____ Judge: _____ ORC code: _____

PO: _____ Atty: _____ Probation Type: _____

Profile Information completed: _____ Demographics information completed: _____

Paperwork in file from Court: Y N (If not, date requested _____) CW: _____ Program: _____

QUALITY ASSURANCE ON INTAKE PROCESS

1. Was an intake alcosensor completed? Y N If no, date LRS reviewed _____
2. Was an intake UDS completed? Y N If no, date LRS reviewed _____
3. Was the intake packet accurately completed? Y N Date Corrected: _____
4. RS Initial Log completed? Y N Date Corrected: _____

If "NO" to any of the above, forward to the LRS. Date given to LRS _____.
Return this original form to the Program Assistant when all corrections have been made.

Every area must be filled in. There are to be no blanks.
For example, if there is no PO, classify as **NONE** in CMIS.