

Order of File Form

Client Name: _____

Indicate presence of document with Caseworker Initials. Indicate absence of document with **(n/a)** for non-applicable items and **(nif)** for items not yet placed in file.

- _____ Client Photo
- _____ Case File Audit Forms
- _____ Release Letter and Discharge Report
- _____ CMIS Release Checklist
- _____ Escape Packet/Transport Form
- _____ CCIS Intake and CCIS Termination
- _____ File Database Comparison Form
- _____ Placement Packet (including Acceptance Letter)
- _____ Screening Packet (Pre-Sentence Investigation, Intake Notes)
- _____ Compulsory Registration and/or Sex Offender Registration
- _____ Intake Packet
- _____ Placement Contract
- _____ ORAS-CST
- _____ Assessment Results Form
- _____ Individual Program Plan Forms
- _____ Progress Reports
- _____ Community Plan
- _____ Pass Rules
- _____ Pass Forms
- _____ Employment Packet
- _____ Financial Packet
- _____ Education Packet
- _____ Community Service and/or Facility Upkeep Forms
- _____ Cognitive Skills Information
- _____ Crisis Counselor/Mental Health Information
- _____ Chemical Dependency Information
- _____ Positive Alcohol Tests/Urine Drug Screen Results
- _____ Reward Reports
- _____ Incident Reports with completed Consequence Forms
- _____ Miscellaneous Folder

Caseworker Signature

Date

Designated Supervisor Signature

Date