

NCDHHS – DIVISION OF SOCIAL SERVICES

EMERGENCY SHELTER CARE ADMISSION CHECKLIST

Required Documentation for Placement

County Placing Child/Youth: _____ Date: _____

Client: _____ DOB: _____ Admission Date: _____

☐ **Application** for services to include:

- ☐ demographic info on child
- ☐ demographic info on parents or guardians
- ☐ demographic info on siblings & other relatives
- ☐ reason child was removed from home
- ☐ record of child's prior placements
- ☐ services the agency shall provide the child and parents

☐ Legal documents: **court dispositions/DSS verification letter**

☐ Immunizations (within 2 weeks of admission)

☐ **Medication orders and MAR's:** _____

☐ **Intake study** or mental health evaluation

☐ **Signed visitation/contact plan** that specifies child's contacts with parent/guardian, siblings, other relatives & other individuals who may have contact with the child _____

☐ Consents for **release of information**

☐ Signed statement from parent/guardian/legal custodian granting permission to **seek emergency care** from a hospital or licensed medical provider

☐ **Emergency info** to include name/address/phone number of the person to be contacted in case of sudden illness or accident AND the name/address/phone number of preferred licensed medical provider

☐ Authorization from parent/guardian and/or medical provider to **administer non-prescription meds** and 70E .1102 (1) (d) Guardian _____ Medical Provider _____

☐ **Signed agreement** with parents/guardian/custodian which includes expectations & responsibilities of the agency and the parents/guardian/custodian for carrying out steps to meet the out-of-home services agreement or PCP goals & the financial arrangements for the child in care 70G .0503(d)