**CLIENT FILE**

OUTSIDE COVER – CLIENT ID

LEFT SIDE RIGHT SIDE

1. Application for Service 1. Vital Signs Sheet
2. Client Intake and Service 2. Nurse Assessment Form   
   Request
3. CACFP Meal Benefit Income 3. Physician Orders   
   Eligibility Form
4. Statement of Client’s Rights 4. Health Assessment/Individual  
    Service Plan
5. How to file Complaint 5. Notice of Acknowledgement  
    Advance Directive
6. Waiver of Liability
7. Consent for Treatment &

Emergency treatment release

1. Photograph & advertisement   
   release