**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