

ABDD ADMISSION PACKET

- Physical Examination (Prefer to use ABDD form)
 - Physical Examination by PCP (within 1 year)
 - TB Test **NEGATIVE** (within every 2 years)
 - Hearing (within last year)
 - Vision (within last year)
 - Dental (every 6 months)
 - Tdap (every 10 years)
 - PAP Smear (within last year)
 - Mammogram (40+ every 2 years)
 - Prostate Exam (40+ every year with physical)
 - ICF Level of Care **YES**
 - Diagnosis ID **YES**
 - Free from Communicable Diseases
- Psychiatric Evaluation
- ABDD Medical History Form
- Immunization Records
- ALL Allergies
- SCRIPTS for Medications (at least three months worth)
 - Fax to Joe at Valley Pharmacy (fax # 724-981-2993)
- ABDD Individual Assessment
 - Assessment
 - Likes/Dislikes
 - Preferences
 - Strengths/Weaknesses
- Most Current ISP
- Pertinent Identification
 - Health Care Cards (original)
 - Birth Certificate (original)
 - Social Security Card (Original)
 - Identification Card
 - Voter Registration Card (All Individuals are entitled to vote)
- SSI Approved/ Source of Funds
- Room and Board Contract
- Contact Mercer County Assistance Office

ABDD ADMISSION PACKET

Red Books for ABDD Office

White Books for ABDD Group Home

Add Client to Licensing Chart

- TB
- Dental
- Physical
- Prostate/Mamogram/Gynecologist
- Hearing
- Tdap

Fire Safety

Fire Drill

Smoking Policy

Individual Rights

Inventory

Photo

Individual Risks Training

Emergency Contact Sheet

ISP Training for Staff

Authorization for Treatment

Emergency Relocation Plan
