



## SMI Assessment Packet Checklist

Consumer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Agency Name: \_\_\_\_\_

Provider Agency Phone # \_\_\_\_\_

Provider Fax # \_\_\_\_\_

Please submit completed forms and checklist to:

**FAX: (888) 656-2659**

1.  Data Disposition Sheet
2.  ADHS / DBHS Behavioral Health Client Cover Sheet
3.  Additional Addenda: Seriously Mentally Ill (SMI) Determination
4.  Assessment
5.  Waiver of 3 Day Determination
6.  Consent for Assessment for Level of Care
7.  Notice of SMI Grievance and Appeal Procedure
8.  Advance Directives Form
9.  Releases of Information (ROIs)
10.  Additional Records