

CDS Intake Completed By: _____

Intake Meeting date _____ Time _____

Program Start date _____

Language Spoken: English Other _____

Is this a current client? Yes No current program _____ Notify appropriate staff: _____ No: _____

County of Residence _____ County of Financial Responsibility _____

Client Name (full legal) _____ (Name preferred) _____

FEIN Holder Name (if different than client) _____

Phone _____

Address _____

Address (Mailing) _____ Same as above

E-mail _____ Client Representative

DOB _____ Client gender _____

Social Security number (for FEIN) _____ PMI # (Medicaid #) _____

Program _____ Payor (MNITS or Other) _____ Waiver: Yes No Type _____

Service Model: Goods/Services Only
 F/EA: Employee packets sent? Yes No mailed emailed SignNow Date sent: _____

Service Agreement Received Community Service Plan/Budget Received

Primary diagnosis code _____ Spend down: Yes No Amount _____

How did you hear about us? _____

Client's Representative Name: _____ (Name preferred) _____

Relationship to client _____ Already in our database? Yes No

Address _____ Primary Phone _____

Address (Mailing) _____ Same as client

E-mail (primary email) _____ (secondary) _____

2nd Client's Representative's Name: _____ (Name preferred) _____

Relationship to client _____ Already in our database? Yes No

Address _____ Primary Phone _____

Address (Mailing) _____ Same as client

E-mail (primary email) _____ (secondary) _____

Case manager name and agency: _____

Support Planner name and agency: _____

Notes:

Intake Checklist

Intake Items – Send Intake Form to Kyle after Intake Meeting, add Client to AK/Cashe

- Intake Form (no signature)
- Contract/Participant Agreement
- Receipt of Privacy Practices
- Communication Through Email, Participant Dashboard, e-Timesheet Agreement

Payroll Items – Send to mrcipayroll@mymrci.org

- Acknowledgements & Authorizations F/EA Signature Sheet
- SS-4 EIN Application Form
- Form 2678 – Employer/Payer Appointment of Agent
- MN Power of Attorney Form (rev184i)
- Worker's Compensation Form

HR Items – Send to CDS HR

- Individual Support Worker Enrollment Form – signature on back of form
- Provider Agreement – Signature on back of form
- Email release for e-Timesheets
- Employment Relationship Exemption Form
- Employment Agreement for Client-Employed Workers
- MN DHS Background Study Form – signature on back of form
- W-4 forms (both State and Federal)
- I-9 form
- Direct Deposit with a voided check or bank documents showing routing and account numbers