



Lex-Care Application Checklist

Please answer the following questions to ensure the completeness of the application:

1. I verify that all blanks have been completed on the intake form. Yes No
 - a. Referral source name Yes No
 - b. Referral source agency Yes No
 - c. Referral source address Yes No
 - d. Referral source phone number Yes No
 - e. Referral source email Yes No
 - f. Referral data Yes No
 - g. Applicant name Yes No
 - h. Applicant phone number (or contact) Yes No
 - i. Applicant social security number Yes No
 - j. Applicant birth date Yes No
 - k. Applicant address Yes No
 - l. Applicant sex Yes No
 - m. Applicant race Yes No
 - n. Applicant marital status Yes No
 - o. Client's household members Yes No
 - p. Total household income and source Yes No
 - q. Monthly expenses Yes No
 - r. Food stamps and amount Yes No
 - s. Bill due and amount Yes No
 - t. Situation described in detail Yes No
 - u. Vendor information listed Yes No

2. I verify that all blanks have been completed on the release form Yes No
 - a. Applicant Signature Yes No
 - b. Witness signature Yes No

3. I verify that all necessary additional documentation has been attached. Yes No
 - a. Income source and monthly amount Yes No
 - b. Bill to be paid Yes No
 - c. Copy of lease or letter from landlord showing amount of rent Yes No
 - d. Medical documentation, if applicable Yes No

If you have answered "No" to any of the above questions, the application is not complete, and therefore is not ready to send to the Lex-Care office.

Please note: you do not have to submit this form with the referral!