

Habilitation Assistance Corporation
ADMISSION REQUIREMENT CHECKLIST

Applicant Name: _____

Access Center Location: _____

	Please check when in place
Interdisciplinary Team Pre-Admission Review (done by Program Staff)	
Fully Completed Admission Application	
Guardian Decree/Rogers Monitor	
Signed Program Agreement	
Media Release	
Recent DHSP, ISP or IEP and Comprehensive Evaluations	
Current copy of MassHealth card	
MassHealth Permission to Share Information	
Records from past admissions (i.e. state school, day program, residential/educational program)	
Pre-Admission Physical Exam (within 12 months prior to admission)	
Record of all past and present immunizations and diagnostic tests	
Physician's approval for day habilitation services	
If resident of nursing facility, PASAAR	
Other noted below:	

Name: _____

Title: _____

Date of Completion: _____