

Intake Readiness Checklist

For a client and case manager to prepare together or separately.

HOW TO USE

Check what applies. Leave anything blank that you do not know or prefer to discuss in person.

1 MEETING DETAILS

Meeting date / time: _____

Location / phone / video link: _____

Who will attend (if known): _____

2 INFORMATION TO GATHER - ONLY IF RELEVANT

- | | |
|---|--|
| ☐ Photo ID or other identification, if requested | ☐ Insurance or benefits information, if relevant |
| ☐ Current providers and contact information | ☐ Current services and supports |
| ☐ Medication list, if relevant to this intake | ☐ Recent plans, assessments, or referrals, if available |
| ☐ Appointment details / referral reason | ☐ Communication or accessibility preferences |
| ☐ Consent / release forms, if requested | ☐ Other items requested by the agency |

3 WHAT WOULD HELP THIS MEETING GO WELL?

- | | |
|---|--|
| ☐ Plain language or extra explanation | ☐ More time or breaks |
| ☐ Interpreter or communication support | ☐ Support person present, if wanted |
| ☐ Accessible meeting space / format | ☐ Written summary / follow-up |

Other preference: _____

4 THE MOST IMPORTANT REASON FOR THIS MEETING

In my own words, I want help with or want to discuss:

Intake Readiness Checklist

A simple meeting companion - use it for any intake or first appointment.

5 QUESTIONS I WANT TO ASK

Examples: What happens next? Who is my contact? What information is still needed?

6 DURING THE MEETING - WHAT DID WE LEARN?

Main next step:

Who is responsible:

By when / follow-up date:

Other useful notes:

7 AFTER THE MEETING - MY NEXT STEPS

- ☐ I understand the agreed next step.
- ☐ I know who to contact if I have a question.
- ☐ I know when to expect a follow-up, if one was agreed.

Something I still need to find out:

Person / number / email to contact:

REMEMBER

This checklist is a preparation aid, not an eligibility or clinical assessment. Share private information only through appropriate, secure channels.