

**INTERVIEW and SCREENING
FOR LONG-TERM CARE DETERMINATION**

Client/youth initials, gender, and age: _____

Date materials received: _____
(a complete packet)

County: _____

County contact: _____

Phone number: _____

SAIP notified: _____

SCIP notified: _____

STS request: _____

Agency contact for interview: _____

Phone: _____

Interview scheduled for: _____

CCC meeting scheduled for: _____

Location of CCC meeting and directions: _____

Results of interview: Yes _____ No _____

For NO, brief description why _____

Long-term care determination paperwork: _____