



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Transition Exchange of Information

CLIENT NAME

1. Use this form when one service provider is ending services and a new service provider is starting services.
2. Write in additional relevant items not displaced on the lists below as appropriate to the client.
3. Receive provider checks to confirm they have received each item.
4. Both the sending and receiving providers sign this form to verify which items have been delivered and received.

Plans and Protocols	RECEIVED	NOT RECEIVED	NOT APPLICABLE
Individual Instruction and Support Plan (IISP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Behavior Support Plan (PBSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional assessment (FA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Financial Plan (IFP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotropic Medication Treatment Plan (PMTTP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross System Crisis Plan (CSCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Plan (HCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Information	RECEIVED	NOT RECEIVED	NOT APPLICABLE
Medication orders (60 days worth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration Record (MAR) (including current month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received all medications listed on the MAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med count was completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Device consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Device orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current list of medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of upcoming medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical appointment results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Delegation consents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Delegation task sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Integrity Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consents for medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tracking Forms (13-months worth)	RECEIVED	NOT RECEIVED	NOT APPLICABLE
Bath Water Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repositioning / Freshening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female Health Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial and Property	RECEIVED	NOT RECEIVED	NOT APPLICABLE
Representative Payee status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBT card and code:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account: Type: Amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account: Type: Amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account: Type: Amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Record (received all items listed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	RECEIVED	NOT RECEIVED	NOT APPLICABLE
Social Security Card (send originals and keep a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Records (send originals and keep a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Plan(send originals and keep a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release of information for clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Directives / POLST / DNR (send originals and keep a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of maintenance items submitted to landlord for repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous		RECEIVED	NOT RECEIVED	NOT APPLICABLE
Identification Cards(send originals and keep a copy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Cards(send originals and keep a copy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap ID and Placard(send originals and keep a copy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Voucher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptions to rule or policy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment records and work schedule		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Reports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons Agreement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP (if applicable)		RECEIVED	NOT RECEIVED	NOT APPLICABLE
Current and past Treatment Plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Corrections / CCO contact (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP reductions in place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaperone approvals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level and notification requirements (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current site approval if client is remaining in home		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Information				
<input type="checkbox"/> Sending agency confirms all noted items are provided.	SIGNATURE		DATE	
	PRINTED NAME			
COMMENTS				
<input type="checkbox"/> Receiving agency confirms all noted items are received.	SIGNATURE		DATE	
	PRINTED NAME			
COMMENTS				

Providers are responsible to seek own legal counsel regarding disclosure of information.