TAC Intake conducted

**Documents required**:

* CCF-01 Consent to Share information   
  (or CCF-57 Consent to Share - Easy Read)
* CCF-19 Home Risk Assessment Form
* CCF-40 Participant Information Form
* CCF-43 Participant Risk Identification
* CCF-76 Support Goals & Actions
* FF-11 Participant Service Agreement

(Optional Documents where Health Support Plan needed):

* CCF-35 Asthma
* CCF-42 Seizure
* CCF-44 General
* CCF-46 Epilepsy
* CCF-47 Midazolam
* CCF-49 Enteral Feeding
* CCF-50 Catheter Care
* CCF-56 Diabetes
* CCF-81 Bowel
* CCF-82 Mental Health
* CCF-83 Choking
* Allied Health Plans

Request Admin staff to:

1. Create Hanging File & participant folder  
2. Add/update participant database

Existing file?

**YES**

**NO**

Prepare Support Planning documents

* Pre-plan of CCF-76 Support Goals & Actions
* FF-11 Participant Service Agreement

CCF-76 Support Goals & Actions discussed   
& agreed/amended with participant

Participant/TL to sign:   
FF-11 Participant Service Agreement CCF-76 Support Goals & Actions

Share copy of signed FF-11 Participant Service Agreement with TAC Case Manager

Add details of FF-11 on form for Portal/Invoice list

Populate   
CCF-43 Participant Risk Identification

Check if Health Support Plans required

Possible Health Support Plans:

* Allied Health Plans
* Asthma CCF-35
* Bowel CCF-81
* Catheter Care CCF-50
* Choking CCF-83
* Diabetes CCF-56
* Epilepsy CCF-46
* General CCF-44
* Enteral Feeding CCF-49
* Mental Health CCF-82
* Midazolam CCF-47
* Seizure CCF-42

File copy of Health Support Plans in the  
participants locked filing cabinets – admin/HR area

Populate CCF-40 Participant Information Form

Send copy of SIGNED DOCUMENTS ONLY to participant/family   
(**Do not share internal info docs** such as Participant Information or Risk Identification)

Hard copies to be filed in the  
participants locked filing cabinets – admin/HR area

Scan & file all documents to K\d participant folder

If required … Populate Home Risk Assessment Form CCF-19