



SMI Assessment Packet Checklist
SMI Eligibility Department
Form 3.10.4

Consumer Name: _____ DOB: _____

Client ID #: _____

Evaluator Name: _____ Date: _____

Provider Agency Name: _____

Provider Agency Phone # _____

Provider Fax # _____

Please submit completed forms and checklist to:
1-888-656-2659 Attn; SMI Eligibility

1. Data Disposition Sheet
2. ADHS / DBHS Behavioral Health Client Cover Sheet
3. Additional Addenda: Seriously Mentally Ill (SMI) Determination
4. Assessment
5. Waiver of 3 Day Determination
6. Consent for Assessment for Level of Care
7. Notice of SMI Grievance and Appeal Procedure
8. Advance Directives Form
9. Releases of Information (ROIs)
10. Additional Records