

# Enrollment Cover Sheet

From: Name:  
Agency:  
Phone:  
Fax:

Family code:

Check the enrollment materials attached:

- Informed Consent
- Genogram of Family
- Individual Client Demographic Enrollment Forms (Indicate number: \_\_\_\_\_ )
- Family Code Assignment Sheet

## Legal Assessment

Based on client interview/intake, check whether client indicates having executed the listed legal documents *at time of intake*. In the comments/done by column, please indicate by whom and when the document was completed, and also indicate who (relationship) is designated as the DPOA, Medical Consent, etc.

Y	N	?		Comments/Done by
			Last Will and Testament	
			Living Will	
			DPOA Health Care	
			DPOA Financial	
			Medical Consent Authorization	
			SSI/SSDI	
			Other:	
			Other:	
			Other:	

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