

## BASIS Cover Page

<b>Individual Name:</b>	<b>Agency:</b>
<b>Social Security #:</b>	<b>TCM:</b>
<b>Screener Name:</b>	<b>Provider #:</b>
<b>CDDO:</b>	<b>Phone #:</b>
<b>Assessment Date:</b>	<b>Date Submitted:</b>

**Initial Assessment**

- Never Entered in BASIS before
- Previously entered in BASIS, but completely closed out and would like to re-apply
- Transferred from the following CDDO area: \_\_\_\_\_

**Annual Assessment**

- Initial assessment less than 10 months ago-no changes to Assessment
- Annual assessment-with changes
- This special re-assessment was approved by CSS/HCP  
     CSS/HCP approved by: \_\_\_\_\_,      Date: \_\_\_\_\_
- This is a child reaching the age of 5. (Must include Children's Supplement)

**Changes/Updates**

- Information change
- TCM Agency transfer
- System Analysis & Psychotropic Medication
- Service(s) Change

List Changes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Courtesy Basis**

- Initial
- Annual

**Service Closing** (*Notification form to SRS Required*)

- One or more services have been closed.

**Deletion from BASIS system** (*Notification form to SRS Required*)

- Close all services and delete this individual from BASIS.  
     Reason: \_\_\_\_\_
- Port to other CDDO area within the State: \_\_\_\_\_

<b>CDDO Use Only</b> Closing Date: _____ Deletion Date: _____
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<p><b>Instructions:</b>          Mark all that apply. Please staple this to the BASIS forms. Submit packet to:  <div style="text-align: center;">           BASIS Coordinator            New Beginnings Enterprises, Inc., P.O. Box 344, Neodesha, KS 66757            Faxed forms will be accepted if they are legible. 620-325-3899            If you have any questions, please call 620-325-3333.         </div> </p>
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