

Community Transition Services: List of Items

Resident's Name		Room #	Date of Admission			
The following items were purchased under the CTS program (as per OAC 173-39-02.17).						
	<i>Date of Service</i>	<i>Description of Item/s</i>	<i>Store purchased from</i>	<i>Receipt Attached</i>	<i>Pre-tax Cost</i>	<i>Total Cost (incl. taxes)</i>
1				<input type="checkbox"/>		
2				<input type="checkbox"/>		
3				<input type="checkbox"/>		
4				<input type="checkbox"/>		
5				<input type="checkbox"/>		
6				<input type="checkbox"/>		
7				<input type="checkbox"/>		
8				<input type="checkbox"/>		
9				<input type="checkbox"/>		
10				<input type="checkbox"/>		
11				<input type="checkbox"/>		
12				<input type="checkbox"/>		
13				<input type="checkbox"/>		
14				<input type="checkbox"/>		
15				<input type="checkbox"/>		
TOTAL EXPENDITURE INCLUDING TAXES:						

Statement by Resident/ Authorized Representative

I verify that I received the listed items on the date/s of services stated above and was involved in the selection/ purchase of the items.

Signature of Resident/ Authorized Representative

Date

Statement by Facility

I verify that the listed items were provided on the date/s stated above and were authorized in the resident's care/ service plan by his/ her case manager.

Signature of Facility Manager

Date