

QUEST ADMISSIONS CHECK LIST

PHOTO SUBMITTED: _____ DATE: _____

DEPOSIT SUBMITTED: _____ DATE: _____

LETTERS OF RECOMMENDATION SUBMITTED: _____ DATE: _____

SIGNED INDEMNITY FORM: _____ DATE: _____

COMPLETED MEDICAL RELEASE FORM: _____ DATE: _____

LIVING ACCOMODATIONS SECURED: _____ DATE: _____

EMPLOYMENT/FINANCIAL SUPPORT SECURED: _____ DATE: _____