

Participant Name _____ Representative's Name _____
Phone Number _____ Phone Number _____

Participant's Counselor _____ Date Consumer Direction Began _____

Current Daily Rate _____ Amount of Allowance for November \$0.00

Balance after 12/8/03 Payroll _____ Amount of Allowance for December \$0.00

Residual Balance Prior to 12/1/03 \$0.00 Number of Days of Residual Balance #DIV/0!

Date of Last Assessment _____ Waiver Client Yes No
Signed and dated by Physician _____

Date of Previous Assessment _____ Does Current Cash Expenditure Plan Match Current Allowance? _____
Signed and dated by Physician _____ Is CEP Signed and Dated by Participant? _____
Verified

Employee _____ Hours worked on Last TimeSheet _____
Is Personal Care Assistant Agreement signed and dated _____ Hourly Rate of Pay _____
by both participant and employee? _____ Expected Gross Salary \$0.00 _____
Expected Withholdings \$0.0000 _____

Back Up _____
Back Up's Phone Number _____

Does the Casefile Contain:

_____ Participant name, address, current phone number, and directions to the home?
_____ Is there a secondary person of contact with phone number listed? _____
_____ Is the enrollment form signed and dated?
_____ Give dates of in-home visits documented in the casefile. _____
_____ How many contact notes are in the case file? _____
_____ Are the contact narratives informative? _____
_____ Are there any problems noted in the contacts? _____
_____ If so, was there resolution to the problem? _____
_____ Does the casefile contain a copy of the Participants Bill of Rights?
_____ Is there documentation within the casefile of purchases not related to attendant services? _____
_____ Are there purchases in excess of \$50.00?
_____ Is there documentation from DAAS approving these purchases? _____
Describe purchases documented in the casefile? _____

Give overall impression of record reviewed:

Evaluator: _____ Date: _____