

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities

## ATTENDANT CARE/HOUSEKEEPING SERVICE MONITORING/SUPERVISION

This form should be used to evaluate Attendant Care/Housekeeping service provided by an Independent Provider or Qualified Vendor employee. A Qualified Vendor may choose to use this form or one by their own agency.

INDIVIDUAL'S NAME ( <i>Last, First, M.I.</i> )		I.D. NO.
SUPPORT COORDINATOR'S NAME	SERVICE START DATE	MONITORING VISIT DATE

### SERVICE

#### 1. OUTCOME (*Objective*)

- ☐ Attendant Care (ANC)     ☐ Attendant Care Family (AFC)     ☐ Housekeeping  
☐ 5 days     ☐ 30 days (*ANC/AFC/HSK in-home*)     ☐ 60 days (*if required*)     ☐ 90 days

#### Check the appropriate box. If 'NO' is checked, please enter a comment.

	YES	NO	N/A
1. Does the individual appear to have their ANC/AFC or HSK needs met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was activity observed or reported as consistent with the service agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the provider respectful of the consumer/family choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If attendant care (non-family member) is being provided, is the individual/family satisfied with the service provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are other providers used for this service? If yes, are there any concerns with the other providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there skin integrity issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. If there are skin integrity issues, is the provider following the ISP for resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Has a nursing assessment been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the family know who to call if a problem arises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the individual/responsible person know who to call if there is a service gap or their provider does not show up to provide a scheduled service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MONITOR'S NAME	TITLE	SIGNATURE	DATE
CONSUMER OR FAMILY MEMBER'S NAME		SIGNATURE	DATE
PROVIDER'S NAME	TITLE	SIGNATURE	DATE

Routing: Original - Employee's file; copy - Consumer case record; copy - Provider file.

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