

AGENCY SPONSORED FAMILY CARE RESIDENTIAL HABILITATION

Directions for Completing the Agency Sponsored Family Care Residential Habilitation Daily Checklist

Family Care Identifying Information	
Agency Name:	Name of Family Care Sponsoring Agency.
Family Care Provider/Co-Provider Name:	Name of the Certified Family Care Provider/Co-Provider providing services/actions.
Consumer Name:	"First Name/Last Name" of person receiving Family Care Residential Habilitation services.
Family Care Provider Address:	Address of the Certified Family Care Home.
TABS ID:	Numeric code which identifies the consumer in TABS (contact DDSO if not known).
Medicaid #:	The consumer's Medicaid number or CIN (an 8-digit number in the following format, AA12345A).
Month/Year of Service Delivery:	Calendar Month/Year of service provision.
Family Care Provider/Co-Provider Signature:	Family Care Provider/Co-Provider sign on available space.
Initials:	Family Care Provider/Co-Provider initials on available space.

Family Care Provider/Co-Provider Documents Services	
Description of the Individualized Staff Service/Action Provided:	Family Care Home Liaison writes a description of services/actions that are drawn from the consumer's Residential Habilitation Plan.
Family Care Provider must initial the date the service/action was provided:	Family Care Provider/Co-Provider initials in the space beneath the appropriate service date, documenting the provision of the service identified in the first column. By entering initials, the Family Care Provider/Co-Provider is attesting that the service or action was provided on that day. Initialing must occur at the same time of service delivery.

Family Care Home Liaison	
Verification Statement:	Family Care Home Liaison signs and dates on available space. By signing and dating, the Family Care Home Liaison is attesting that the Family Care Residential Habilitation Daily Checklist has been, to the best of his/her knowledge completed accurately.

Family Care Exceptions	
Exceptions:	Hospitalization, Nursing Home Placement, ICF/DD or Other Leaves must be documented by the Family Care Provider/Co-Provider by stating the Location(s) and Date(s) of Leave. Family Care Home Liaison or other designated staff verifies leaves as necessary.