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.

Member's Name *(Last, First, M.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 member appear to have their ANC/AFC or HSK needs met?	☐	☐	☐
2. Was activity observed or reported as consistent with the service agreement?	☐	☐	☐
3. Is the provider respectful of the member or family choices?	☐	☐	☐
4. If attendant care (non-family member) is being provided, is the member or family satisfied with the service provided?	☐	☐	☐
5. Are other providers used for this service? If yes, are there any concerns with the other providers?	☐	☐	☐
6. Are there skin integrity issues?	☐	☐	☐
6a. If there are skin integrity issues, is the provider following the Planning Document for resolution?	☐	☐	☐
6b. Has a nursing assessment been completed?	☐	☐	☐
7. Does the family know who to call if a problem arises?	☐	☐	☐
8. Does the member or responsible person know who to call if there is a service gap or the member's provider does not show up to provide a scheduled service?	☐	☐	☐

Monitor's Name _____ Title _____

Signature _____ Date _____

Consumer's Name _____

Signature _____ Date _____

Provider's Name _____ Title _____

Signature _____ Date _____

See reverse for EOE/ADA/LEP/GINA disclosures

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.