Participant Name _____        Representative's Name _____

Phone Number _____        Phone Number _____

Participant's Counselor _____        Date Consumer Direction Began _____

**Daily Rate End of Reporting Period**        Daily Rate for September 04 _____

              Hours per Week _____

**Balance after last payroll for December 2004** _____        Daily Rate for January 05 _____

Balance Prior to 10/01/04

Beginning # Days of Residual Balance Qtr Begin    **#DIV/0!**        Ending # Days of Residual Balance Qtr End    **#DIV/0!**

              _____        Does the CEP Identify Allowance Being Saved?    YES       NO

Date of Last Assessment _____        If Yes, How Much? _____

      Signed and dated by Physician _____        Waiver Client    YES _____       NO

      Mental Status -

      Is there a representative if mental status is unclear? [____]

Date of Previous Assessment _____        Does CEP Match Allowance During Quarter? [____]

      Signed and dated by Physician _____        Is CEP Signed and Dated by Participant? [____]

      Mental Status -        Revised CEP Required? _____ Revision Present? [____]

      Is there a representative if mental status is unclear? [____]        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 [____]

Does Personal Care Assistant Agreement contain a rate of pay? _____        Expected Withholdings   $0.0000 [____]

Back Up _____        Hours allowed per Week [____]

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?

   Is participant within first six months of consumer direction?  If so indicate dates of monthly contact. _____ _____ _____

   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 for goods and services not related to personal care? _____

_____    Are there purchases in excess of $50.00?

   Is there documentation from DAAS approving these purchases? _____

   Describe purchases documented in the casefile? _____

Evaluator: _____        Date: _____

Give overall impression of record reviewed: