|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: | | | Date of Meeting: |
| Parent/Guardian meeting was with: | | | Broker: |
| Type of visit: Home visit  Telehealth  Other \_\_\_\_\_\_\_\_\_\_\_  No Show or Canceled last minute  Last meeting date: | | Did you see the child?  Yes  No  Location: | |
| ASP date: | Year in Program? | | Next Quarterly Meeting: |

**Review budget and timesheets with family**

*Home visit: Review budget in Portal on laptop or bring screenshot Telehealth: Screenshare or verbally review*

|  |
| --- |
| Is family set up in portal/Time4care App?  Yes  No Any issues with logging in/approval timesheets?  Yes  No  Is billing up to date?  Yes  No  Is spending on track:  Yes  No If no  Overspent or Underspent \*Please explain under/over spending:  Does the budget need to be edited? *\*After approved by family* |

**Review of purchases/ Invoices**

|  |
| --- |
| Were purchases processed in the last 8 weeks?  Yes  No Were the items received?  Yes  No  Are there purchases being requested today?  Yes  No If yes what items:  Any invoices needed to enroll/continue classes/memberships?  Yes  No If yes, what invoice is needed:  If we have purchased safety items, had the family installed them yet?  Yes  No |

**Review of Expanded Habilitation Services**

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| --- |
| Services are delivered:  In home  Through Telehealth  Both In home & Telehealth  No services currently- Give explanation and plan moving forward:    Did you review hour logs?  Yes  No  Number of hours left and last date of services: SLT: T/DSW: Respite: Community:  Are sessions happening consistently?  Yes  No What is the session schedule:  Are hours being used to quickly?  Yes  No Are hours being used to slowly:  Yes  No  Plan for make-up hours if applicable?  How are sessions going?  Are you satisfied with providers?  Yes  No  Are you seeing progress?  Yes  No  Notes on Services: |

**Review with family**

|  |
| --- |
| Any upcoming or recent changes effecting the child? (ex: new medication change, new diagnosis, specialist appointments, transitions, injury, illness, etc.):  Any new/ongoing concerns:  Positive comments:  Any follow up needed with outside providers (ex: Insurance based ABA/DCF/CBHI):  To do list:  Next Scheduled Meeting Date: |

*\*If meeting was canceled: Reschedule in next few weeks \*If unable to reach family: Immediately check in with Providers working with child to get update, coordinate with them to make contact/ email and CC ACM, send letter in the mail to family’s home if no contact after 30 consecutive days requesting they connect to you. Keep ACM up to date until contact is made.*