|  |  |
| --- | --- |
| 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**

|  |
| --- |
| 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.*