

Individual/Guardian Call Form

Name of Individual: _____

Sample #: _____

W #: _____

Provider Agency: _____

Reviewer: _____

ISC: _____

Primary Program: CILA CDS HBS CHBS CRW

Guardian Name: _____

Phone Number: _____

or Self Phone Number: _____

Guardian address: _____

Relationship: Parent OSG Other: _____

Date and initials of caller for: _____

Initial call: _____

2nd attempt: _____

3rd attempt: _____

Letter sent: _____

Item:	Yes	No	N/A	Comment/Note
If the guardian is answering the following questions substitute the individual's name.				
1. Are all the services that you need (that "name" needs) identified and addressed in the Personal Plan? PMD1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you (Does "name") receive all services listed in the Personal Plan? PMD11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If questions 1 and/or 2 are answered no the reviewer is to contact the ISC to discuss the issues noted by the guardian and provide a summary.				
Are you (Is "name") free from restrictive interventions such as restraints or seclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you (Is "name) free from abuse, neglect, or exploitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If questions 3 and/or 4 are answered no the reviewer should determine if the Abuse, Neglect, or Exploitation has been reported and investigated. Provide a summary on the issue and outcome.				

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Item:	Yes	No	N/A	Comment/Note
Date follow up conducted:				
Follow up conducted by:				
ISC contact person:				
Do you think you are (“name” is) safe inside and out at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you believe you are (“name” is) in the best possible health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you (Does “name”) want to work? Do you (Does “name”) have a paying job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you (Does “name”) make decisions about your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel as though you (“name” is) are part of the local community and get to participate in community efforts and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes: