Indiana Division of Disability and Rehabilitative Services - Enhanced Provider Compliance Survey

STAFF CENSUS WORKSHEET

1) This form is to be completed (preferably electronic) by the agency being surveyed.
2) Include all employees who work for your organization serving DD, Autism and SS Waiver Individuals.
3) Indicate with an "X" the function and/or services they provide.
4) Present the completed form to the surveyor at the start of the survey
5) The surveyor will indicate with an "X" in the last column (surveyor picks) individual personnel records that will be reviewed during the survey.

Date of Survey:
Survey Coordinator:
Survey Number:
Name of Organization:
INSITE ID:
Contact Person:
Phone:
E-mail:

(provider completes) # clients provider is serving on SS waiver:	0
(provider completes) # clients provider is serving on DD waiver:	0
(provider completes) # clients provider is serving on AUTISM waiver:	0
Total:	0

= Service that require personell record review to validate providers meeting qualifications to provide the service.

If the provider is providing the service pick at least one personnel file for an employee providing this service.

RETURN THIS FORM TO THE SURVEYOR.

Staff Name	Job Title	Employment start date	Adult Day Service	Adult Foster Care	Behavioral Support Services Level 1	Behavioral Support Services Level 2	Community Based Habilitation	Community Transition	Electronic Monitoring	Environmental Modification	Facility Based Habilitation	Family and Caregiver Training	Intensive Behavior Intervention Services	Music Therapy	Occupational Therapy	Personal Emergency Response System	Physical Therapy	Recreational Therapy	Rent and food for unrelated live-in caregiver	Residential Habilitation and Support Services	Respite	Specialized Medical Equipment and Supplies	Speech and Language Therapy	Supported Employment	Therapy (Psychological) Services	Transportation	Workplace Assistance	Other	Selections - Initial Survey	Selections - Follow-up Survey
			INDICATE WITH AN "X" SERVICES/FUNCTIONS OF THE STAFF																											

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