



### Satisfaction and Service Monitoring

**I. General Information**

1. Name of Individual Receiving Services		2. Individual's No.	3. Person Contacted	4. Relationship (if other than the individual)
5. Date Contacted	6. Type of Contact <input type="checkbox"/> A=Telephone <input type="checkbox"/> B=Home Visit <input type="checkbox"/> C=Other: _____			
7. Reason for Contact <input type="checkbox"/> A=3-Day/30-Day <input type="checkbox"/> B=60-Day <input type="checkbox"/> C=90-Day <input type="checkbox"/> D=6-Month <input type="checkbox"/> E=Annual <input type="checkbox"/> F=Complaint <input type="checkbox"/> G=Other				
8. Type of Service <input type="checkbox"/> CAS <input type="checkbox"/> FC <input type="checkbox"/> PHC <input type="checkbox"/> ERS <input type="checkbox"/> DAHS <input type="checkbox"/> RC <input type="checkbox"/> AFC <input type="checkbox"/> HDM <input type="checkbox"/> Hot <input type="checkbox"/> Frozen/Chilled <input type="checkbox"/> Shelf Stable				

**II. Overall Satisfaction on Services**

Is the individual satisfied with the services and are the services meeting all of the individual's needs?

Yes     No    If No, explain: \_\_\_\_\_  
 \_\_\_\_\_

**III. Monitoring Reminders**

- Do the authorized hours and schedule meet the individual's current needs?
- Does the individual need additional services?
- Does the individual need a referral to some other agency or community resource?
- Emergency Response Services (ERS): Is the unit working properly and receiving monthly system checks?
- Home-Delivered Meals (HDM): Are meals delivered on time and is the individual satisfied with the quality of the meals?
- Day Activity and Health Services (DAHS): Is the individual going the days that are authorized?
- Adult Foster Care (AFC)/Residential Care (RC): Is the individual satisfied with the living arrangement and the services the individual is receiving in the home/facility?
- Problems should be reported to the contracted provider via Form 2067, Case Information, to be resolved.

**IV. Changes Requested at this Monitoring Contact:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. Overall Satisfaction with Program**

(check one)  
 A=Outstanding     B=Very Good     C=Adequate     D=Needs Improvement     E=Poor

**VI. Document Identification**

Case Manager's Name  
 \_\_\_\_\_