

**Walton Options for Independent Living, Inc.  
Consumer Service Record Checklist**

**Consumer's Name** \_\_\_\_\_

**CFAL Demographics entered by** \_\_\_\_\_ **Date** \_\_\_\_\_

**CFAL Goals/ Plan entered by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date/Initials**

- \_\_\_/\_\_\_ **Service Eligibility/ Commitment Form** (ALL PROGRAMS)
- \_\_\_/\_\_\_ **Waiver or Independent Living Plan/Independent Work Plan/Goals**  
(ALL PROGRAMS)
- \_\_\_/\_\_\_ **Grievance Procedure and Consumer Assistance Program (CAP)**  
(ALL PROGRAMS)
- \_\_\_/\_\_\_ **State voter registration declaration** (ALL PROGRAMS)
- \_\_\_/\_\_\_ **Information and Photo Release Form** (ALL PROGRAMS)
- \_\_\_/\_\_\_ **Contact Log** (ALL PROGRAMS)
- \_\_\_/\_\_\_ **Consumer Contact Sheet** (TICKET TO WORK PROGRAM)
- \_\_\_/\_\_\_ **Dispute Resolution** (TICKET TO WORK PROGRAM)
- \_\_\_/\_\_\_ **Home Assessment**
- \_\_\_/\_\_\_ **Indemnity Agreement** (MUST BE SIGNED FOR ANY TANGIBLE ITEMS RECEIVED)
- \_\_\_/\_\_\_ **Landlord agreement** (MUST BE SIGNED FOR MODIFICATIONS TO RENTED HOUSING)
- \_\_\_/\_\_\_ **Nutritional Sheets** (Faxed to AAA, OI program only).
- \_\_\_/\_\_\_ **Income Verification** (Specialty Programs, check with supervisor)
  
- \_\_\_/\_\_\_ **Provided Consumer Copy** of all signed documents (ALL PROGRAMS)

Funding Requests

Purchase Order Number _____	Date _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____
Item requested _____	Funding Source _____

Remarks/Special Instructions \_\_\_\_\_

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**Quality Review**

\_\_\_/\_\_\_ **CSR Folder Complete** \_\_\_/\_\_\_ **CFAL Complete** \_\_\_/\_\_\_ **Satisfaction Survey**  
 WOIL, Folder Checklist and Purchase Order Request, Revised 6/13/11