

Independent Living Checklist
Creating a Consumer Service Record (CSR)
Steps to complete when Opening/Closing a Consumer

Consumer Name: _____ Date: _____

Staff Name: _____ Funding Code: _____

Complete the Intake Process (completion of paperwork and data entries) by placing either a checkmark or N/A on the line provided if this is a new consumer. If you are:

1. **Reopening** a former consumer, see “Procedures for REOPENING a Closed Consumer.”
2. **Transferred** a current consumer, see “Procedures for Transferring a Consumer.”
3. Working with an **Open Consumer**, see “Procedures for Working with an Open Consumer.”

Complete the “Flow Chart.”

Step 1: Complete the following 3 forms:

- _____ Consumer Eligibility (Step 1, page 1)
- _____ Eligibility Determination (Step 1, page 2)
- _____ Accommodation Checklist (Step 1, page 3) *remembering to check the two boxes beginning with “I understand...”*

Step 2: Complete the Consumer Information Form (Step 2):

- _____ Consumer Information Form

Step 3: Complete the following 4 forms:

- _____ **Step 3A-Roadmap to Independence-Assessing Your Needs (IL Assessment).**
- _____ Make a copy of the completed IL Assessment and give it to your consumer for their records! (Step 3A)
- _____ **Step 3B-Road Map to Independence-Developing Your Independent Living Plan/Goal.** *(This is an **Optional Form** to use with 1:1 consumers.)*
- _____ **Step 3C-Independent Living Plan/Goal(s).** *Review Worksheet(s) is completed later.*
- _____ **Step 3D-Waiver Of A Written Independent Living Plan**
Note: Coordinator is required to record in the goal section of the database, his/her understanding of the consumer’s goal and the steps needed to achieve it. Draw a line through this form if consumer is developing an IL Goal.

Step 4: Complete the following 3 forms, make sure that you have obtained both the Consumer and Witness Signatures (you can sign as a witness, if you witnessed the signature) on these forms and that the documents have been dated:

- _____ Step 4A-Authorization to Request or Release Confidential Records and Information
- _____ Step 4B-Authorization For Publicity
- _____ Step 4C- Authorization for use of Case File in a QUILS Review

Step 5: Complete the ILS Program Information Packet Checklist (Step 5):

- _____ ILS Program Information Packet Checklist completed, consumer signature obtained.

Step 6: Complete the Internal Staff Communication: **New Consumer Form (Step 6):**

- _____ New Consumer Form completed.

Complete and submit the following forms to your supervisor; the IL Assessment (Step 3A) will be returned to you for placement back into the CSR.

- _____ New Consumer Form (Step 6)
- _____ Consumer Profile
- _____ IL Assessment (Step 3A)


Step 7: Complete “IndependenceFirst: Brief Screening Questions: Abuse Assessment Screen-Disability” (Step 7). **Upon completion, give a copy to Marian.**

- _____ IndependenceFirst: Brief Screening Questions: Abuse Assessment Screen-Disability completed. Copy given to Marian.

ADADADA ENTRIES



Singing the ADADADA Song is advised, but not required:

Consumer Demographic 
Enter the following information in the database

- _____  Complete the **Consumer Identification** page. Enter any emergency phone numbers here. Use consumer’s **HOME** address. If possible, enter e-mail address or text number.

Skip: Mail List

Disabilities and Languages

- _____  Complete the **Disabilities and Languages** page. You must indicate a “Primary” choice for each, even when only one choice is listed.
- _____  In the **Disability Notes** section, enter detailed *emergency contact information*, such as an address, or other important contact information.

Skip: Visual Impairment


Medical Insurance

_____  Complete the **Medical Insurance Information** if needed.

😊 Request for Services

_____  Complete the **Intake Information** page.


_____  Click on the **Services Requested** window, then, complete. At least one choice must be made. *Note: For each service requested, there should be a corresponding goal.*

_____  Click on **"Living Situations"** window, then, complete. See the **"Institutional Diversion"** form, located at the end of this document, if you have questions.

Programs and Funding

_____  Complete **Programs and Funding**. *Note: Programs and Funding must be completed for each coordinator who has a goal with this consumer.*

Goals

_____  Complete the Goal Record(s). At the top of the page, click on Goal Outcome; choose "Ongoing."

NOTE: WHEN CONSUMER DESIRES A WAIVER, THE COORDINATOR IS REQUIRED TO RECORD HIS/HER UNDERSTANDING OF THE CONSUMER'S GOAL(S) AND THE STEPS NEEDED TO ACHIEVE IT. ENTRIES ARE MADE IN THE GOAL SECTION IN MiCIL JUST LIKE AN ACCEPTED GOAL, THE ONLY DIFFERENCE: "IL PLAN: WAIVED" IS INDICATED.

Contacts

_____  Complete the **Assessment** entry as follows:

Contact Information

Service Type: SA Assessment
SA Staff Travel (when applicable)
Units: Enter the time you spent on this task (1 unit=15 minutes)
Funding Source/Program: Enter your funding code

Topics and Referrals

Topics discussed: ILC-Assessment
Staff Travel (when applicable)
Referrals to Agency: Complete if necessary

Notes

Completed the Assessment.

Contacts

_____  Complete the **Intake** entry as follows:

Contact Information

Service Type: SA Intake
SA Staff Travel (when applicable)
Units: Enter the time you spent on this task (1 unit=15 minutes)
Funding Source/Program Enter your funding code

Topics and Referrals

Topics discussed: ILC-Intake
Staff Travel (when applicable)
Referrals to Agency: Complete if necessary

Notes

Completed the Intake

***Note:** the intake and assessment entries may be combined if completed on the same day.

Skip: Fee for Service Agencies

Documents the consumer has signed:

Make sure that you have obtained both the Consumer and Witness Signatures on these forms and that the documents have been dated; copy and give or mail to consumer all the forms she/he has signed:

- _____ Goal(s) (Step 3C) or Waiver (Step 3D)
- _____ Authorization to Request or Release Confidential Records and Information (Step 4A)
- _____ Authorization For Publicity (Step 4B)
- _____ Authorization for use of Case File in a QUILS Review (Step 4C)
- _____ ILS Program Information Packet Checklist (Step 5)

HOORAY! This is the end of the Intake Process

Closure Requirements—Special Circumstance

Closure Requirements

Use this checklist when another coordinator is still working with this consumer at the time you would typically begin closure, proceed as follows:

_____  Complete **the goal(s) documentation.**

Complete **a contact log entry that states your work has been completed with this consumer including designation of whether the goal is successful or unsuccessful or dropped and note that you have closed your funder code ending your work with this consumer.** If you need further assistance, see sheet entitled “Documentation for Successful or Unsuccessful or Dropped Goals.”

_____  In **Contact Log:**

Staff time & Funder

Date: Enter the date
Staff Name: Enter your name
Service Type: SA: Closure
Units: Enter the units of time spent on this entry
Program/Funding
Source: Enter your funder code

Topics and Referrals Topics Discussed/Services Provided

ILC-Closure

Then choose whichever applies:

ILC-Goal/Waiver Successful or,
ILC-Goal/Waiver Unsuccessful or,
ILC-Goal/Waiver Dropped

Notes

ILC-Goal/Waiver Successful or ILC-Goal/Waiver Unsuccessful or ILC-Goal/Waiver Dropped. Closed my funder code ending my work with this consumer.

_____  In **Programs and Funding, next to your name, put an end date.**

_____ **Email your supervisor that your work with this consumer is finished.**

Complete closure is the responsibility of the last coordinator working with this consumer. If this section does not apply to you, draw a **GREAT BIG X** in this box!

CLOSURE: When your consumer decides to have her/his CSR closed, complete the following closure procedures by placing either a checkmark or N/A on the line provided.

 Complete the following 5 Steps in ADADADA in **ORDER OF APPEARANCE**; *Singing the ADADADA Song is advised, but not required:*

_____ 1. **ADADADA:** Complete all of the **Contact Entries** at this time, *up to and including:*

Contact Information

Service Type: SA Closure
Units: Enter the time you spent on this task (1 unit=15 minutes)
Funding Source/Program: Enter funding code

Topics discussed: ILC-Closure
ILC-Goal/Waiver Successful or
ILC-Goal/Waiver Unsuccessful or
ILC-Goal/Waiver Dropped (fill in only the dates that steps were completed, if any)

Referrals to agency: Complete if needed

Notes Closure completed
Documentation of Goal/Waiver Successful or Unsuccessful or Dropped completed.

See “Documentation for Successful or Unsuccessful or Dropped Goals” located at the end of this packet if you need further guidance on the documentation process.

_____ 2. **ADADADA:** Return to the “Living Situations” window and complete the exit information.

_____ 3. **ADADADA:** Return to the **Goal Record(s)** and enter dates of completion, remembering to change the **Goal Outcome(s)**. *Completion dates are entered for completed steps/activities only.*

_____ 4. **ADADADA:** Return to “Programs/Funding” page and complete exit information.

_____ 5. **ADADADA:** Return to **Intake Information** page of the **Consumer Demographic** and complete the exit information.

_____ Send a closure letter to the consumer. Copy and place the letter on the left side of the consumer file under the **Flow Chart**.


_____ When using a “Blue” folder, transfer the consumer documentation into a *plain manila folder*. Give blue folders to the Program Assistants.

Y or N Does this consumer want to continue to receive **First Look?**

_____ On the **Flow Chart**, enter the closing date. Place on the inside left side of the consumer folder **on top**.

Then, last, but certainly not least:

_____ **Double-check that the Consumer and Witness have signed and dated all the required forms.**

_____  **Print the Consumer Profile and the Goal(s) or Goal Summary, place on the right side of the folder.**

Then, place the following documents in order of appearance under the printed Goal(s) or Goal Summary, *even if they are unsigned, have a line through them or have been marked N/A:*

_____ *Staff Signature: Eligibility Determination Form (Step 1 - Include all 3 pages)*

_____ Written/original Goal(s) (Step 3C) or Waiver (Step 3D) and ***make sure that the consumer has indicated on the goal(s) or waiver whether or not he/she felt successful or unsuccessful or dropped.***

_____ Authorization to Request or Release Confidential Records and Information (Step 4A)

_____ Authorization For Publicity (Step 4B)

_____ Authorization for use of Case File in a QUILS Review (Step 4C)

_____ ILS Program Information Packet Checklist (Step 5)

_____ **E-MAIL YOUR SUPERVISOR THAT YOU HAVE CLOSED THIS CSR**

_____ This file needs to be closed and given to Marge and Ada no later than **two weeks** after the date the work with your consumer has been completed.

**WHOO HOO! Congratulations, *take a bow*,
You have assisted someone with her/his
independent living goals!**

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