

Client Monitoring – Adult Foster Care

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|--|------------------|--|---------------------|
| Client Name | Worker Name | Date Client Entered Home | Date Form Completed |
| Provider Name | Provider Address | | |
| Type Contact <input type="checkbox"/> Home Visit: <input type="checkbox"/> Ann. <input type="checkbox"/> Unann. <input type="checkbox"/> Private <input type="checkbox"/> Telephone | Spoke To: | Contact Interval <input type="checkbox"/> 30 day <input type="checkbox"/> 60 day <input type="checkbox"/> 90 day <input type="checkbox"/> Other | |

1. Is client adequately groomed? **(complete only when client is seen)** Yes No N/A

Comments:

2. Is the client's clothing clean and not torn? **(complete only when client is seen)** Yes No N/A

Comments:

3. Does the client have noticeable body odor? **(complete only when client is seen)** Yes No N/A

Comments:

4. Does the client have any skin problems (sores, bruises)? **(complete only when client is seen)** Yes No N/A

Comments:

5. Does the client appear to receive adequate foot care? **(complete only when client is seen)** Yes No N/A

Comments:

6. Are there any problems with the client's medication(s)? Yes No N/A

Comments:

7. Is the client receiving adequate nutrition/diet? Yes No N/A

Comments:

8. Has there been a change in the client's mental status (change in behavior, forgetfulness, etc.)? Yes No N/A

Comments:

9. Has there been a change in the client's emotional status? Yes No N/A

Comments:

10. Are there any transportation problems? Yes No N/A

Comments:

11. Is the provider having problems managing the client's funds? Yes No N/A

Comments:

12. Is the Service Plan (as documented on Form 2059, page 3, and Form 2330) being followed? Yes No

If no, explain what is not being done and why:

Explain what is not being done and why:

13. Has client adjusted to the home? Yes No

If no, explain the problem and indicate whether or not the problem was anticipated:

Describe the plan to manage the problem:

What further actions are planned to deal with the problem(s)?

14. Does the client continue to be appropriate for Adult Foster Care? Yes No

If no, identify inappropriate characteristics:

After consultation with your supervisor, document a plan of action:

Monitoring Visit Schedule: