E&D Waiver ADC Participant File Checklist		
Client Name:		Medicaid ID:
Service Frequency:		
Address:		Phone Number:
Representative's Name:		Phone Number:

Documentation Requirements		
*Records should be kept in chronological order with the most recent documents at the front of the file. Documents must be maintained for a minimum of five (5) years.		
Referral form/Authorization		
Approved Plan of Services and Supports (PSS)		
Daily activity or time sheets capturing tasks completed and the participant/representative's signature verifying the provision of services.		
Service notes indicating the causes of any significant variation in the case management recommended/agreed upon schedule of service provision		
Annually	**Date Added**	**Complaince Officer Initial**
Updated ISP		
Current Photograph		
Nutritional Assessment		
Medical History/Exam		
Other records of contact as noted below:		