

OCHN Self-Determination Checklist

All training must be completed as a pre-condition for employment based on date of hire and then updated annually unless stated otherwise.

Date: m/d/yy

Individual's Name	<u>Name of Individual Self-Directing Services</u>	CON ID	<u>CON ID</u>
Individual's Email	<u>Individual's Email</u>	Individual's Phone #	<u>Individual's Phone #</u>
Legal Representative (LR)	<u>LR's Name</u>		
LR's Email	<u>LR's Email</u>	LR's Phone #	<u>LR's Phone #</u>
Support Coordinator (SC)	<u>SC's Name</u>	Core Provider	<u>Name of CPA</u>
SC's Email	<u>SC's Email</u>	SC's Phone #	<u>SC's Phone #</u>

Check all that apply:

- SD Welcome Meeting is needed (SD Agreement Date m / d / yy)
- A new Self-Directed arrangement
- Individual/Legal Representative wants to directly manage their staff through an individual budget.
- Individual/Legal Representative wants staff through a credentialed or contracted Agency.
- Individual is replacing previous staff/agency Individual is adding another DSP/Agency

Additional information needed for the SD Arrangement: _____

TYPE OF SUPPORTS

Financial Management Service (FMS) Agency	<u>FMS Agency</u>		
Staffing Agency (SA)	<u>Provider Agency</u>	Contact #	<u>Provider's Phone #</u>
		SA Eff. Date	<u>Start Date</u>
Direct Support Professional (DSP)	<u>DSP's Name</u>	Contact #	<u>DSP's Phone #</u>

PLEASE NOTE:

Once completed above, this document must be sent by the Support Coordinator to the FMS within 3 business days of the document date.

THIS SECTION TO BE COMPLETED BY THE FMS FOR DIRECT HIRES

Date	Background Checks/Information (Required at time of hire or prior to hire)
<u>m/d/yy</u>	Criminal Record Check (Prior to hire and annually)
<u>m/d/yy</u>	Office of Inspector General (Monthly)
<u>m/d/yy</u>	Michigan Driver License (Annually if transporting the person)
<u>m/d/yy</u>	Authorization to Disclose Employee Information and Release of Liability (completed once for new hires only)

