

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: mm/dd/yy

Individual's Name Individual Self-Directing Services CON ID CON ID
 Individual's Email Individual's email Individual's Phone # Individual's Phone Number
 Legal Representative (LR) Legal Representative's Name LR's Phone # Legal Rep's Phone Number
 LR's Email Legal Representative's Email
 Support Coordinator (SC) Support Coordinator's Name Core Provider Name of Core Provider Agency
 SC's Email Support Coordinator's Email SC's Phone # Support Coordinator's Phone #

Check all that apply:

- SD Welcome Meeting is needed (if done, SD Agreement Date mm/dd/yy)
 - A new Self-Directed arrangement
 - Individual/family wants to directly manage their staff through an individual budget.
 - Individual/family wants staff through a 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 Name of FMS Agency
 Staffing Agency (SA) Staffing Agency Name Contact # Phone number SA Eff. Date mm/dd/yy
 Direct Support Professional (DSP) Employee's/Direct Hire's Name Contact # Employee's Phone #

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>mm/dd/yy</u>	Criminal Record Check (Prior to hire and annually)	
<u>mm/dd/yy</u>	Office of Inspector General (Monthly)	
<u>mm/dd/yy</u>	Michigan Driver License (Annually if transporting the person)	
<u>mm/dd/yy</u>	Authorization to Disclose Employee Information and Release of Liability (completed once for new hires only)	
	Trainings (Required at time of hire and updated thereafter)	
<u>mm/dd/yy</u>	First Aid (2 years)	Expiration <u>mm/dd/yy</u>
<u>mm/dd/yy</u>	Emergency Preparedness (all, 2 years)	Expiration <u>mm/dd/yy</u>
<u>mm/dd/yy</u>	Universal Precautions/Bloodborne Pathogens/Infection Control (2 Years)	Expiration <u>mm/dd/yy</u>
<u>mm/dd/yy</u>	Recipient Rights - New Hire (One time only face-to-face)	Expiration <u>mm/dd/yy</u>
<u>mm/dd/yy</u>	Recipient Rights Annual Training	Expiration <u>mm/dd/yy</u>

