

OCHN Self-Determination Checklist for Contracted Staffing Agencies

		Date _____
Individual's Name	_____	CON ID _____
Individual's Email	_____	Individual's Phone # _____
Legal Representative (LR)	_____	
LR's Email	_____	LR's Phone # _____
Support Coordinator (SC)	_____	Core Provider _____
SC's Email	_____	SC's Phone # _____

Check all that apply:

- ☐ SD Welcome Meeting is needed (SD Agreement Date _____)
- ☐ A new Self-Directed Arrangement
- ☐ Individual/Legal Representative is replacing previous Contracted Staffing Agency
- ☐ Individual/Legal Representative is adding another Contracted Staffing Agency
- ☐ Additional information needed for the SD Arrangement: _____

CONTRACTED STAFFING AGENCY INFORMATION

Staffing Agency (SA) _____ Contact # _____ SA Eff. Date _____

PLEASE NOTE:

Based on the box checked above, the Support Coordinator must submit this document to OCHN within three (3) business days of the document date.

Email: OCHN - selfdetermination@oaklandchn.org

Internal Review Only	
_____ MCA Reviewer Name	_____ Review Date