San Andrea Regional Center

Verfication of Program Consultant Hours

This form is designed for the use of vendorized residential care homes providing Level 4 care. Each residential care home will make provisions for an approved program consultant to provide services in the home. The program consultant will participate in planning, reviewing, and implementing the program of services for each person who is living in the residential care home.

Facility Name: _____ Date of Consultation: _____

Address: _____ Telephone: _____

Name of Program Consultant: _____ Job Title: _____

Address: _____ Telephone: _____

Professional Training (Degree and/or License): _____

Services Provided (i.e. program consultation, staff training to implement intervention plans, admission screening, attendance 30 days admission meeting, write and/or review quarterly/semi/annual reviews, and attend all person centered planning meetings, etc.):

Consumer Name	Service Provided	Date of Consultation	No. of Hours	Consultant Initial

_____ _____

Signature of Program Consultant Date

_____ _____

Signature of Vendor Date