

**WASHINGTON COUNTY**  
**Budget Detail and Assessment for Hourly Services**  
 (Complete Annually or with any requested change in hours)

Name of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Provider(s) Agency(ies): \_\_\_\_\_

Case Manager/Service Coordinator: \_\_\_\_\_

Service Program:  HCBS/MR Waiver  ARO  Other: \_\_\_\_\_

**1. Service Area: Self-Help Skills**

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Personal Hygiene						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_

**2. Service Area: Domestic Skills**

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Cleaning/Home Maintenance						
Cooking/Meal Preparation						
Grocery/Personal Shopping						
Laundry Skills						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_

**3. Service Area: Money Management**

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Budgeting						
Bill Paying/Balancing Checkbook						
Reconciliation						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 4. Service Area: Community/Social Skills

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Safety Skills/Crisis Intervention						
Access Community Resources (Section 8 Housing, Food Stamps, Food Bank, Rec. Classes, etc.)						
Scheduling Daily Activities						
Natural Support Development						
Social/Interpersonal Skills						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 5. Service Area: Medical Assistance

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Doctor/Therapist Appointments						
Assistance with Medication Compliance						
Assistance with Exercise						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_  
 \_\_\_\_\_

#### 6. Service Area: Behavior/Symptom Management

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Coping Skills						
Problem Solving						
<b>Total Hours</b>		<b>N/A</b>				

Comments: \_\_\_\_\_  
 \_\_\_\_\_

#### 7. Service Area: Other

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
<b>Total Hours</b>						

Comments: \_\_\_\_\_

### 8. Service Area: Vocational – Supported Employment/Job Coaching

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Quality of Completed Tasks						
Attendance as Scheduled						
Follows Directions/Rules						
Maintain Attention to Task						
Maintain Production Rate						
Communicates Wants/Needs (advocacy with co-workers, supervisors, etc.)						
<b>Total Hours</b>						

Comments: \_\_\_\_\_

### 9. Service Area: Vocational – Adult Day Care/Pre-Vocational/Enclave

Service Area	Previous Hours Authorized	Formal/Informal Goal Identified	Hours Served/ Needed	Growth Hours	Survival Hours	Total Hours/Month (#/week x 4.3)
Quality of Completed Tasks	N/A		N/A	N/A	N/A	N/A
Attendance as Scheduled	N/A		N/A	N/A	N/A	N/A
Follows Directions/Rules	N/A		N/A	N/A	N/A	N/A
Maintain Attention to Task	N/A		N/A	N/A	N/A	N/A
Maintain Production Rate	N/A		N/A	N/A	N/A	N/A
Communicates Wants/Needs (advocacy with co-workers, supervisors, etc.)	N/A		N/A	N/A	N/A	N/A
<b>Total Hours</b>		N/A				

\*Vocational hours at the workshop/enclave sites are contributed as a service to allow individuals to work and not for the sole purpose of working directly on a goal, therefore many of the areas are not applicable.

Comments: \_\_\_\_\_

### Total Service Hours per Month

Service Effective Date: \_\_\_\_\_

Residential Services (Provider and Service): \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ per month

Total Number of Billable Hours: \_\_\_\_\_ per month

Vocational Services (Provider and Service): \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ per month

Total Number of Billable Hours: \_\_\_\_\_ per month

Vocational Services (Provider and Service): \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ per month

Total Number of Billable Hours: \_\_\_\_\_ per month

IDT Recommendation/Additional Comments: \_\_\_\_\_