

SSA Questionnaire		
1	<b>Type of Provider</b>	<input type="checkbox"/> Licensed Waiver Facility <input type="checkbox"/> Waiver Provider <input type="checkbox"/> County Board Facility/Provider Name: _____ Facility/Provider #: _____
2	<b>Individual's Name</b>	<i>This information will be redacted in the case of a public records request</i>
3	<b>SSA Name</b>	

SSA Questionnaire		
SSA – Please complete and return to the reviewer by the due date.		
1	<b>Were you contacted by the provider when there has been a significant issue for this individual?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No <input type="checkbox"/> Does Not Apply- No significant issues have occurred
2	<b>Were negative outcomes identified in RNQA reviews addressed in the service plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No <input type="checkbox"/> Does Not Apply
3	<b>How do you monitor services for the individual?</b>	
4	<b>Does the individual have any unmet needs at this time?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
5	<b>Do you have any concerns regarding the condition of the individual's home and/or work environments?</b>	
6	<b>Additional Comments:</b>	