

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

Provider Questionnaire		
Provider – Please complete and have available on the day of the review.		
1	Did you participate in the development of the ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No
2	Did you receive a copy of the service plan prior to the effective date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you believe the individual has opportunities to participate in community activities of his/her choice?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No <input type="checkbox"/> Does Not Apply
4	Is transportation available when the individual chooses to go out or needs to get somewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No <input type="checkbox"/> Does Not Apply
5	Do you believe the individual is safe?	<input type="checkbox"/> Yes <input type="checkbox"/> Sometimes/Somewhat <input type="checkbox"/> No
6	Do you believe the individual's needs are being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe:
7	Additional Comments:	