PERFORMANCE REVIEW FOR
FAMILY CAREGIVER SUPPORT PROGRAM

Page 1:
Complete the following:
Agency: ______________________________
Review Date: _________________________
Agency Staff Interviewed: ________________________________
(You may want to have the person interviewed sign)
Signature of Reviewer: ________________________________

Pages 1 – 2:
Program Verification – Part I; Categories I - V
Check as many services as are applicable by contract:

Page 3:
Individual Client Record Review
Complete as instructed by DAAS ADMINISTRATIVE LETTER NO. 08-10,
Revised Assessment Policy, sec. 308, AAA Policies and Procedures Manual,
September 25, 2008
Note: Copy this page as many times as needed. Each category of service (I – V)
should be on a separate sheet.

Page 4:
Method of Service Provision and Client Eligibility
Complete as appropriate

Page 5:
Service Priority
Complete as appropriate

Pages 6 - 7:
Program Integrity
Complete as appropriate

Pages 8 - 9:
Fiscal Verification – Part II
Reimbursement Methods and Accounting System
Complete as appropriate

Page 10:
Monitoring Notes