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| **DDS Staff Initials** | **Participant/ Family Initials** | **Date Reviewed** | **Topic** |
|  |  |  | 1. The general concept and practice of self-directed supports
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|  |  |  | 1. Foundational Planning: Translating a participant’s vision into a support plan
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|  |  |  | 1. The role of the participant, the family, the Support Broker/ DDS staff and the Financial Management Service.
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|  |  |  | 1. Resource considerations
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|  |  |  | 1. Development of an individual budget with a rationale for all goods or services purchased
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|  |  |  | 1. Limitations and allowable expenses.
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|  |  |  | 1. Employer of Record consideration
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|  |  |  | 1. Employer/ Participant responsibilities including schedule, job description, timesheet review, performance review
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|  |  |  | 1. Hiring employees including pay rate considerations
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|  |  |  | 1. Payment methods and accountability, including receipts collection
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|  |  |  | 1. Review of supports and budget and making changes based on need and satisfaction
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|  |  |  | 1. Option to change service delivery method (i.e.- PDP to Traditional Services or Agency with Choice)
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|  |  |  | 1. Other Program responsibilities/ considerations (such as ISP development)
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|  |  |  | 1. Option to talk with other Program Participants to hear about their experience.
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|  |  |  | 1. Opportunity in future to participate in information and training for others considering Self Direction/ Participant Directed Program.
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|  |  |  | 1. Review and sign Preventing Financial Abuse and Exploitation” and “PDP Acknowledgement of Responsibilities”
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This checklist is an acknowledgement review of the topics covered during the enrollment process for the Participant/ Guardian and DDS Staff Person.

DDS Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant/Family Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_