PERSONAL CARE AGENCY SAMPLE SELECTION

NOTE: Sample selection must not include any clients receiving supportive home care services via contract with a Family Care Managed Care Organization.

Name – Agency						Approval Number
Name – Surveyor (s)						Date Worksheet Completed
Identifier	Start of Care	Client Name	Open-Closed	Home Visit Miles Agency to Home	Total Time Spent Conducting Home Visit Include travel time.	Concerns and Comments
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