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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02888 (10/2023) | **STATE OF WISCONSIN** | |
| **Aging & Disability Resource Center Annual Update Checklist** | | |
| As required in the ADRC Scope of Services Agreement, the ADRC shall annually review and submit information regarding the ADRC. Please complete the steps listed below indicating with a checkmark when the item has been completed. Please sign and submit this form by email or through DocuSign to your assigned regional quality specialist by January 1, 2024. The information to review and submit can be found on the [ADRC SharePoint](https://share.health.wisconsin.gov/ltc/teams/ADRC/SitePages/Home.aspx) site. | | |
| Confirm that the ADRC Directory on SharePoint has been reviewed and it is complete, correct, and current. | | |
| Confirm that the Governing Board section on your ADRC informational page on SharePoint has been reviewed and it is complete, correct and current. | | |
| Confirm that you have uploaded the organizational chart(s) on your ADRC informational page and it is complete, correct and current. | | |
| Confirm that you have reviewed the personnel section on your ADRC informational page and it is complete, correct and current. | | |
| Confirm that you have submitted the ADRC annual quality improvement project through [SharePoint](https://share.health.wisconsin.gov/ltc/teams/ADRC/Lists/QIProjectSubmit/Item/newifs.aspx?Source=https%3a//share.health.wisconsin.gov/ltc/teams/ADRC/SitePages/ADRCinfo/AllPages.aspx) or have submitted form [F-00615](https://www.dhs.wisconsin.gov/forms/index.htm?search=F-00615&division=All) or [F-00615A](https://www.dhs.wisconsin.gov/forms/index.htm?search=F-00615&division=All) to your regional quality specialist. | | |
| Optional 2024, share a success story illustrating the positive impact that your ADRC has had for a customer during the past year. This information may be shared through [SharePoint](https://share.health.wisconsin.gov/ltc/teams/ADRC/Lists/ADRCStorySubmit/Item/newifs.aspx). If you choose to share, please exclude personal identifying information. | | |
| Thank you for reviewing and updating your ADRC Information. If you have any questions, please contact your assigned regional quality specialist. | | |
| I have completed the required checklist and certify that the information requested has been reviewed and updated as required. | | |
| ADRC of Click or tap here to enter text. | | |
| ADRC Director/Supervisor or Designee Name: Click or tap here to enter text. | | |
| Title: Click or tap here to enter text. | | |
| **SIGNATURE** | | Date Signed |
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