



Consumer 90day Visit Form

Consumer Name:

Visit Date and Time:

Consumer Address:

Consumer Phone #:

Home Cell

Consumer Email:

Active PAs:

PPD Due date:

HA Due date:

PPD Due date:

HA Due date:

PPD Due date:

HA Due date:

PA Comments:

Consumer Questions:

Are Consumer Directed services filling your needs? Y N If No, Why?

Is there anything you feel Venture Forthe could be doing better? Y N If Yes, What?

Do you have any questions or concerns about the Program? Y N If Yes, What?

We have provided you with an information sheet. Regarding Policy and Procedures for the CDPAP Program.

Do you have any questions regarding this document? Y N If Yes, What?

Venture Forthe Representative Signature:

Date:

Consumer Signature:

Date:



Venture Forthe Representative Observation.

Does it appear the PA has been giving attention to the Consumer and their home? Y N
General Observations of the Home and the Consumer.

Signature:

Date: