## VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES (VDHCBS)

### Quarterly Summary

Veteran: ________________________________

Authorization Date: _________________

Reporting Period: ____________________________

<table>
<thead>
<tr>
<th>MONTH OF CONTACT</th>
<th>E.R. VISIT VA</th>
<th>E.R. VISIT OTHER</th>
<th>IN-PATIENT HOSPITAL VA</th>
<th>IN-PATIENT HOSPITAL OTHER</th>
<th>TOTAL # OF DAYS IN-PATIENT</th>
<th>DATES/METHODS OF CONTACT</th>
</tr>
</thead>
<tbody>
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<td>FACE-TO-FACE</td>
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</tbody>
</table>

### Summary of Monthly Monitoring:

(health & functional status, environmental needs, health & welfare issues, abuse, neglect, exploitation, employer certification status, coordination w/providers)

### Impact of Program:

as reported by Participant/Authorized Representative

### Average Overall Satisfaction:

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
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### Risk to nursing home placement:

(falls, dementia, caregiver burden, incontinence, diabetes, isolation)

### Additional needs identified:

Were changes made to Spending Plan?

☐ Yes  ☐ No

OPTIONS CONSULTANT/AGENCY

Date: