

# VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES (VDHCBS)

## Quarterly Summary

Veteran: \_\_\_\_\_

Authorization Date: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

MONTH OF CONTACT	E.R. VISIT VA	E.R. VISIT OTHER	IN-PATIENT HOSPITAL VA	IN-PATIENT HOSPITAL OTHER	TOTAL # OF DAYS IN-PATIENT	DATES/METHODS OF CONTACT	
						FACE-TO-FACE	PHONE
<b>Summary of Monthly Monitoring:</b> <i>(health &amp; functional status, environmental needs, health &amp; welfare issues, abuse, neglect, exploitation, employer certification status, coordination w/providers)</i>							
<b>Impact of Program:</b> <i>as reported by Participant/Authorized Representative</i>							
<b>Average Overall Satisfaction:</b> ○ ----- ○ ----- ○ ----- ○ ----- ○ ----- Very Satisfied                      Satisfied                      Neutral                      Dissatisfied                      Very Dissatisfied							
<b>Risk to nursing home placement:</b> <i>(falls, dementia, caregiver burden, incontinence, diabetes, isolation)</i>							
<b>Additional needs identified:</b>							
<b>Were changes made to Spending Plan?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OPTIONS CONSULTANT/AGENCY</b>						<b>Date:</b>	