

Attachment B - Money Management Assessment Tool

ARLINGTON COUNTY AGENCY ON AGING

Assessment / Reassessment	YES	NO	Comments
Virginia Service – Quick Form (At a minimum, this form must be updated annually).			
Federal Poverty documentation and Cost Sharing (Fee for Service) calculations must be part of the client record. The Federal Poverty/VDA Sliding Fee Scale form may be used.			
Service Plan			
Written Individualized Service Plan			
• Identified Service Need			
• Services to be delivered			
• Goals and objectives of services			
• Service units to be provided			
Service Agreement			
• Service Activities to be provided			
• Scheduled hours/days of service provision			
• Information regarding voluntary contributions/fees			
• Explanation of Emergency Procedures			
Service delivery documentation; progress reports			
Independence encouragement of documentation			
Consent to Exchange Information form as necessary			
Supervision documentation			
Monitoring documentation			
Termination Notice (written notice mailed 10 business days prior to the date the action is to become effective)			
Service delivery documentation; progress reports			
Independence encouragement of documentation			

Program Assessment			
Compliance with list of permissible tasks			
Does the program use volunteers?			
Is there a current and complete volunteer description?			
Written policy on handling of Client Program Income (CPI) and other gratuities and donations.			
Written policy on Cost Sharing/Fee for Service.			
Written policy on Voluntary Contributions.			
Program Evaluation			
Contract Current and Signed			
Staff are qualified and trained			
Criminal Background Checks			
Current job description covers the scope of duties and responsibilities			
Staff receive trainings relevant to service provision (<i>a minimum of ten hours of training per year</i>)			
Staff are aware of community resources			
Reassessments performed annually			

Signature: _____ **Date:** _____

Money Management Assessment Tool - Client Satisfaction

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Client Name:	
DOB:	
Home Address:	
Phone:	
Income Level:	

Why did you begin using the Money Management service? _____

How long have you been using the Money Management service? _____

Describe your experience using this service? _____

How frequently do you request Money Management service? _____

Do you work with the same worker each appointment? _____

Overall, how has the Money Management service benefitted you? _____

On a scale of 1-5, how would you rate the Money Management service? _____

How did you learn about the Money Management service? _____

Do you have an Arlington County Case Manager? If so, whom? _____

Case Manager Information Name: _____ E-Mail Address: _____

Post-Assessment Evaluation:

Review Peer Place for eligibility requirements.

- ☐ 60 years old or older
- ☐ Economic and Social Need

Signature: _____ **Date:** _____