

SLS Cost Statement Category A

Date:

Consumer:

WRC Service Coordinator:

Agency:

Name

Vendor number

Service:

In narrative form, describe the type of service to be provided under the specific code for SLS Category A (1-7) and/or Family SLS if parent(s) are WRC client(s). Indicate the rate of service per month including type of contact expected in reference to client's needs and overall objectives for a successful living arrangement.

Securing an Apartment and learning to reside independently:

Briefly describe current living arrangement as well as areas of needed improvement in relation to client's abilities to maintain or achieve such arrangement, e.g., assistance to keep apartment/home organized, describing what skills will be addressed (made bed, trash abatement, keeping good hygiene, etc). Describe how client would achieve progress in this area through agency's intervention. Include efforts to attain client's proper documentation if required (social security card, bus ID, CA. ID).

Money Management/Budgeting Objective:

Include areas of assistance such as paying rent, bills, and overall effective financial management. Indicate areas in which client will need additional assistance to prevent problems, e.g. spending money unwisely.

Health and Medical:

Discuss client's support needs in relation to health issues that affect his/her lifestyle (CP, seizure disorder, etc). Include staff's efforts to insure optimal level of health (scheduling doctors' visitations/follow ups, medication monitoring/administration if required). Provide a general overview of current health condition.

Nutrition:

Describe client's diet plan for healthy living and steps to accomplish it (drawing a plan and purchasing healthy food choices at the store). Indicate assistance being rendered for fulfillment of objective including cooking.

Social/Emotional Recreational Component:

Describe client's behavioral concerns if any and methods being used by the agency in assisting client to develop appropriate solutions/responses to situations, e.g. placement in anger management counseling sessions. Indicate agency's efforts in supporting client to participate in recreational activities whereby interdependence is encouraged and developed through a social circle of support with community resources.

Work:

Indicate if client is involved in a vocational program or has already established IP (Individual Placement) or GP (group placement) through supported employment, or if client is already employed outside of Dept. of Rehabilitation involvement. Describe activities client is participating in during the day and agency's efforts in assisting client seek employment.

Hygiene:

Discuss areas of needed support to improve hygiene including showering, shaving, toileting, brushing teeth, etc. Indicate agency's efforts in addressing these areas as well as client's disposition in cooperating with staff and overall progress/status.

Comments:

Mention any information that is unique and relevant about that specific client including challenges in assisting him/her establish a supportive or independent living setting. Indicate special interests and client's overall disposition toward receiving ILS/SLS services.

The Service Code is: Indicate a service code from SLS 1-7 and rate, i.e. (SLSA-2, funded at \$300.00 per month)

(Name) Program Director
Agency's name.