**ADRC Name:** Click here to enter text. **Monitoring Date:** Click here to enter text.

**SUA Reviewer:**

Complete and upload to SharePoint. If you have questions, please contact Ben Stromberg.

Staff completing this tool should be the program staff responsible for the day-to-day work. List individuals who participated in completing this tool. SUA will meet with program staff individually during the onsite visit.

**Staff that helped complete this tool:** Click here to enter text.

**Units of Service:** Provide year-to-date PeerPlace report on service units provided.

**Point of Entry:** Each organization that provides Aging and Disability Resource Center (ADRC) service(s) will be designated as a Point of Entry.

1. Which counties are the most active?

Click here to enter text.

1. Which are the top two agencies you collaborate with?

Click here to enter text.

1. Which locations, or organizations, would be in your top two if you were to add physical POEs?

Click here to enter text.

1. Do you have a local advisory board? If not, please describe how the ADRC solicits information, guidance, and perspective that can be utilized to benefit individuals experiencing disabilities the ADRC serves.

Click here to enter text.

**Check all the ADRC services that are provided by the AAA:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Information & Referral |  | Options Counseling |  | Transitional Options Counseling |
|  | Benefits Assistance |  | Mobility Training |  |  |
|  | Identify Unmet Needs |  | Home Care Registry/Directory Development | | |

Describe how the ADRC provides each ADRC service. Check *Not Applicable* if the AAA does not provide the service.

|  |  |  |
| --- | --- | --- |
| 1. **Information & Referral**: |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Options Counseling**: |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Transitional Options Counseling:** |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Benefits Assistance:** |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Mobility Training:** |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Identify Unmet Needs**: |  | **Not Applicable** |
| Click here to enter text. | | |
| 1. **Home Care Registry/Directory Development**: |  | **Not Applicable** |
| Click here to enter text. | | |

**Please provide a description of the process and procedures for how ADRC client data and service units are entered into PeerPlace and reviewed for accuracy. Please address any use of the ADRC Intake document.**

Click here to enter text.

**Please describe how the ADRC differentiates ADRC services from other agency services and ensures separation when tracking services.**

Click here to enter text.

**Please describe any funds, in addition to ADRC funds, that are used to supplement or support ADRC services.**

Click or tap here to enter text.