

# Documentation Maintained and Services Provided at Each NHTD Provider Address

(This information is used to establish the scope of survey activities.)

Provider Name \_\_\_\_\_ Date Completed \_\_\_\_\_ By \_\_\_\_\_

Provider Address(es)	Quality Mngmt Info (i.e. Policies/Procedures)	Employee Files (i.e. Quals, Training, etc.)	Documentation Maintained/Services Provided from Each Address																
			SC	Assis. Tech.	CIC	CTS	Meals	Emods	HCSS	Home Visits	ILST	Moving Assist.	Nur. Counsel	Peer Ment.	PBIS	Resp. Ther.	Respite	SIP	Wellness Coun.
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\*\*Enter the physical address for each office/address that services will be provided out of AND/OR documentation is maintained.

\*\*\*Enter a check mark under each column to indicate the records retained and the services provided at each location.