

EMPLOYER OF RECORD SELF-ASSESSMENT

Name of the Employer: _____

Name of Representative: _____

Date: _____

Assessment Area	Satisfied	Not Satisfied	Comments
Employees follow schedule	<input type="checkbox"/>	<input type="checkbox"/>	
Able to hire employees who can provide services when I need them	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are well known to me or are recommended by someone I trust	<input type="checkbox"/>	<input type="checkbox"/>	
Able to pay employees a fair salary	<input type="checkbox"/>	<input type="checkbox"/>	
Able to offer employees meaningful benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are qualified to do work (little training is needed)	<input type="checkbox"/>	<input type="checkbox"/>	
Employees follow my instructions and perform work to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	
Workers are flexible when my needs or schedule change	<input type="checkbox"/>	<input type="checkbox"/>	
The Care Coordinator provides services that meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	
The Provider Network staff are helpful when I need assistance	<input type="checkbox"/>	<input type="checkbox"/>	

Assessment Area	Satisfied	Not Satisfied	Comments
The Utilization Management Care Manager is helpful when I need assistance	<input type="checkbox"/>	<input type="checkbox"/>	
The Individual & Family-Directed Supports Handbook is helpful in helping me implement Individual & Family-Directed Supports	<input type="checkbox"/>	<input type="checkbox"/>	
The Financial Support Agency is helpful when I need assistance	<input type="checkbox"/>	<input type="checkbox"/>	
My employees are paid on time	<input type="checkbox"/>	<input type="checkbox"/>	
The Community Guide is helpful in helping me direct my services	<input type="checkbox"/>	<input type="checkbox"/>	
Other resources that are provided to me have helped me in directing my own services and supports	<input type="checkbox"/>	<input type="checkbox"/>	