

Children's Board of Hillsborough County
ASO Monitoring Assessment and Summary

Date _____ Agency Representative _____

Agency _____ Program _____

Children's Board Contract Manager _____

ASO Funding Sources Allocated to Program _____

a. How are case managers documenting that the ASO is the payer of last resort?

b. How are families given choices in the type of service offered to meet the need, as well as the provider? How is that family choice documented?

c. How often do case managers monitor service delivery and quality?

d. Are case managers consistently following the Pre-Paid Card Policy?

e. For Childcare Support, did payments fall within the limit of 20 days of service per fiscal year? (Children's Board Funds only)

f. Is the completed housing inspection in the file for First Month's Rent and Security Deposit (CBHC and County funds), and Rental Assistance payments (County funds)?

g. Is the program obtaining consent forms signed by the parent/guardian authorizing exchange of information with the Children's Board, Hillsborough County (if Social Services funding) and ASO providers (as applicable)?

Summary

Number of Families Reviewed

Number of Budget Items Reviewed

Number of Budget Items Not Substantiated

Amount of ASO Funds Not Substantiated

Amount of ASO Funds Returned to CBHC

Conclusions and Recommendations

Summary -

Recommendations and Follow Up -

Monitoring Report Completed By _____

Date _____

Children's Board of Hillsborough County
ASO Monitoring Checklist

Date _____ Agency Representative _____

Agency _____ Program _____

Agency		Program											
ASO Family ID	ASO Budget ID	Funding Source	Service	Service in Family Plan?	Evidence that the service occurred?			Notes	Amount Paid & Amount Substantiated	CBHC Release Form?	County Release Form?	Provider Release Form?	
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>
				Yes <input type="checkbox"/>	Receipt/Bill	<input type="checkbox"/>			<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	Provider Notes	<input type="checkbox"/>			<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
					HART Form	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>