



# Self-directed Services ~ Community Pathways

Developmental Disabilities Administration

## **SUPPORT BROKER DOCUMENTATION**

Employer Name/Waiver Participant: \_\_\_\_\_

Support Broker Name: \_\_\_\_\_

Pay Period: \_\_\_\_\_

### Duties Performed During this Pay Period

#### Activities Performed

#### Summary Description of Key Activities

- Assist with initial planning and start-up activities
- Help with staff recruitment
- Help with hiring/interviewing staff
- Help with staff supervision/evaluation
- Help with firing of staff
- Help with skills training
- Help with managing the budget
- Help with managing supports and services
- Help with managing/maintaining benefits (SSI, MA, etc.)
- Facilitating team meetings
- Advocating for supports and services
- Program development activities
- Quality Assurance activities
- Risk assessment/planning/mitigation activities
- Emergency backup activities
- Budget/invoice reviews/audits
- Develop/review data and communication logs
- Other: \_\_\_\_\_

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Total number of hours of Support Broker services provided during this pay period \_\_\_\_\_

I attest that I have reviewed employee time sheets for \_\_\_\_\_ (covered pay periods) and the monthly financial statement for the month of \_\_\_\_\_ and that services are being provided as approved by DDA in the above named person's Individual Plan and Budget (IP&B). I understand that I am responsible for reviewing the above named individual's monthly budget statements to ensure accurate accounting of employee timesheets and payments for services/supports, and for assisting him/her to self-direct their services, to implement their IP&B, and to maintain effective quality.

\_\_\_\_\_  
Support Broker Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:** This form must be submitted to the FMS by all Support Brokers (paid and unpaid) during each pay period.

