

**DEPARTMENT OF HUMAN SERVICES  
REPRESENTATIVE'S QUARTERLY REPORT**

**Protected person's name:** \_\_\_\_\_

**Representative (please print):** \_\_\_\_\_

**Reporting period:** \_\_\_\_\_

*I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.*

**Representative (signature):** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Upon completion of this quarterly report, the representative requests a stipend in the amount of : \$\_\_\_\_\_.**

**( \$\_\_\_\_\_ X \_\_\_\_\_ months = \$\_\_\_\_\_ )**

*Monthly stipend, times number of months, equals*

## DEPARTMENT OF HUMAN SERVICES REPRESENTATIVE'S QUARTERLY REPORT

**THIS REPORTING PERIOD:** \_\_\_\_\_

1. Protected person's name:					
2. Protected person's address:					
3. Has the protected person moved to a different residence this quarter?		No		Yes	If yes, on what date?
4. Has the level of supervision and type of residence changed?		No		Yes	If yes, on what date?
5. What level of supervision and type of residence does the protected person currently have?					
	Independent apartment living with community support provider staff on the premises.		24 hours		Day hours only
	Independent community living with community support provider day services only.				
	Independent community living without any community support provider services.				
	Group home or congregate living with 24 hour awake community support provider staff.				
	Long term care nursing facility.				
6. What is the name of the agency providing services:					
7. What is the name of the case manager:					
8. What is the case manager's phone number: (605)					
9. What is the case manager's email address:					
10. Is this the same case manager from last quarter?		No		Yes	
11. Has the protected person visited a health care professional for any <b>non-routine</b> reason this quarter?		No		Yes	
If yes, on what date(s) and describe the reason?					
12. Has the protected person been seen at the ER or hospitalized for any reason this quarter?		No		Yes	
If yes, on what date(s) and describe the reason?					

13. During this quarter the protected person's physical health has:		
	Remained the same	
	Improved, describe:	
	Deteriorated, describe:	
14. During this quarter the protected person's mental health has:		
	Remained the same	
	Improved, describe:	
	Deteriorated, describe:	
15. List the dates and where you visited the protected person this quarter:		
16. Indicate below any significant action(s) you took this quarter on the protected person's behalf:		
	Attended annual meeting	What date?
	Attended special team meeting(s)	What date (s)?
	Signed authorization(s) for (please list):	
	Authorized major purchases for (please list):	
	Reviewed financial statements	
17. List any other significant information regarding the protected person this quarter:		

*I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_