**PROGRAM DESIGN CHECKLIST**

**IN-HOME RESPITE SERVICES AGENCIES**

**VENDOR #: \_\_\_\_\_\_\_\_\_\_\_\_\_ SERVICE CODE: 862 STAFFING RATIO: 1:1**

□ Pg.\_\_\_\_\_\_ A statement of the purpose and goals of the service.

□ Pg.\_\_\_\_\_\_ A statement of the anticipated consumer outcomes from participation in the service stated in measurable terms.

□ Pg.\_\_\_\_\_\_ A statement of the geographic area served by the Agency.

□ Pg.\_\_\_\_\_\_ A schedule of the vendor's service operating hours including days and times when the service is available.

□ Pg.\_\_\_\_\_\_ A staff training plan, if developed, pursuant to Section 56794.

□ Pg.\_\_\_\_\_\_ A description of the consumers served pursuant to Section 56784

□ Pg.\_\_\_\_\_\_ A description of the process used by the vendor to organize and carry out the requested services from the point of first contact by the person requesting services through the provision of the service.

□ Pg.\_\_\_\_\_\_ A description of the method of evaluating program effectiveness in accordance with Section 56800.

□ Pg.\_\_\_\_\_\_ A written internal grievance procedure for consumers pursuant to Welfare & Institutions Code, Section 4705.

**Rate Analyst (Initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Review Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_**