



Arizona Bridge to Independent Living (ABIL) Personal Assistance Services

5 Day Consumer Service Evaluation

Consumer:

(Use Last name, First name format)

PCA:

(Use Last name, First name format)

_____ Attendant Care (_____ **CS** _____ **Gen**) _____ PC _____ HM _____ Respite _____ HAH

Yes No N/A

			1. If services are being provided by a <input type="checkbox"/> Family Member PCA and or a <input type="checkbox"/> General PCA, is the consumer/family satisfied with the services being provided? Explain:
Comments:			
			2. How many hours of service are being provided by ABIL? Is this consistent with what your case manager has requested?
Comments:			
			3. Is the Personal Care Assistant respectful of the consumer/family choices? Explain:
Comments:			
			4. Does your PCA have the appropriate skills to provide your care, i.e., transfers, bathing? Can you describe?
Comments:			
			5. Are there other agencies or nursing services used for this service? If yes, indicate below:
Comments:			

Yes	No	N/A	
			6. Does the Consumer have any pressure ulcers? If yes, where are they located and how often is a nursing service being provided?
Comments:			
			7. If you have limited movement or have mobility issues, how often are you being repositioned and by whom?
Comments:			
			8. Does the consumer/family know who to call if a problem arises or if their PCA is not performing a satisfactory service? If yes, who?
Comments:			
			9. Do you have the ABIL after hour service phone number and the AHCCCS 800 number in the event your PCA does not report to work after business hours, weekends, and holidays? If no provide consumer with the number, 1-800-218-7509.
Comments:			
			10. Does the consumer/family know who to call if there is a non-provision of service, i.e., hospitalization, vacation or PCA is unable to report for work?
Comments:			
			11. Confirm consumer's contingency plan and educate the consumer/family the importance of having a plan.
Comments:			

Yes No N/A

			12. Who is your current case manager?
Comments:			
			13. Who is your ABIL PCA Supervisor?
Comments:			

Additional Comments:

Consumer Signature, *Consumer Service Evaluation*

Form Completed by:
PCA Supervisor

Date: