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

Date _____   **Agency Representative** _____

Agency _____   **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 ASO Pre-Paid Card Policy?

e.   For Childcare Support, did payments fall within the limit of 20 days of service per fiscal year?

f.   For First Month's Rent and Security Deposit payments, is the completed housing inspection in the file?

g.   Is the program obtaining consent forms signed by the parent/guardian authorizing exchange of information with the Children's Board?

Summary

Number of Families Reviewed		**Number of Budget Items Not Substantiated**	
Number of Budget Items Reviewed		**Amount of ASO Funds Not Substantiated**	
		Amount of ASO Funds Returned to CBHC	

Conclusions and Recommendations

Summary -

Recommendations and Follow Up -

Children's Board of Hillsborough County
ASO Monitoring Checklist

Date _____   Agency Representative _____

Agency _____   Program _____

ASO Family ID	ASO Budget ID	Service	Service in Family Plan?		Evidence that the service occurred?		Release Form?		Notes	Amount Paid & Amount Substantiated
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			
			Yes □ No □		Receipt □ Provider Notes □ Bus Pass Form □		Yes □ No □ N/A □			