

**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?

**Summary**

Number of Families Reviewed		Number of Budget Items Not Substantiated	
Number of Budget Items Reviewed		Amount of ASO Funds Not Substantiated	

**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?	Notes	Amount Paid & Amount Substantiated
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipt <input type="checkbox"/> Provider Notes <input type="checkbox"/> Case Manager Notes <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipt <input type="checkbox"/> Provider Notes <input type="checkbox"/> Case Manager Notes <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipt <input type="checkbox"/> Provider Notes <input type="checkbox"/> Case Manager Notes <input type="checkbox"/>		
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