



## Mi Via Monthly Update

Participant: \_\_\_\_\_ Type of Update: \_\_\_\_\_

Consultant Completing the Update: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Date of Monthly Update: \_\_\_\_\_

SSP/Budget Expiration Date: \_\_\_\_\_

Financial Eligibility End Date: \_\_\_\_\_

LOC End Date: \_\_\_\_\_

If applicable, name of person assisting Participant with update and their role:

\_\_\_\_\_

1. Are there any new changes or events in your life that you would like to share?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Let's look at your Mi Via Spending Summary. Do you have any concerns with your budget?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you satisfied with your Mi Via Services and are they meeting your needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If applicable, have you faced any barriers in accessing the non-waiver services you identified in your SSP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. Do you have any complaints regarding services you are receiving through Mi Via (including Consultant Services)? If so, do you need assistance to file a complaint or to select other providers of your choice?

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6. Have you experienced or reported any incidents of abuse, neglect, or exploitation? If so, please explain?

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7. Do you have any issues or concerns related to your health and/or safety? If so, what?

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8. Have you had to use your emergency/backup plan since we connected last? Is it still in place and current?

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9. Since your last Monthly Update, have you been in any of the following settings?

- a. Hospital ( \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ )
- b. Nursing Home or inpatient Rehabilitation Facility  
( \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ )
- c. Correctional setting/ Jail ( \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ )
- d. Out of state for an extended period (one month or more)  
( \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ )



10. If you are currently utilizing Support Guide services, describe your satisfaction with this support.

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11. Do you have any issues or concerns with your employees and/or vendors? If so, what are they?

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12. Is there anything else you would like to include in this monthly contact?

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I have completed the Monthly Update with the Participant. I will document any follow up on concerns requiring Consultant action in a timely manner.

\_\_\_\_\_  
Signature of Consultant completing the Monthly Update

\_\_\_\_\_  
Date of Update: