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| --- | --- |
| **Agency:** | **Date:** |
| **Service Recipient Identifier:** | **Review Period:** |
| **CHART REVIEW** | **YES** | **NO** | **NA** | **COMMENTS** | **MANUAL REFERENCE** |
| Was a contact note maintained per policy? |  |  |  |  | 300.18.6 |
| Has a SAEF been completed for the service recipient? |  |  |  |  | 300.18.6 |
| Was the service documented in SAMS? |  |  |  |  | 300.14 and 300.18.6 |
| Was the service documented in SAMS by the 10th calendar day of the month? |  |  |  |  | 300.14 |