



Department of Health
and Human Services
*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Shared Living and Family Centered Support

Home Support Frequency Tool

For Shared Living and Family Centered Support

Date: _____

Person Completing Form: _____

Agency Name (Shared Living): _____

Total Number of residents Living in Home: _____

Home Address: _____

Name(s) of Resident(s): _____

Instructions For Completing Part A and B of the Tool:

In order to request increased levels of support for a home, Shared Living and Family Centered Support homes must complete ONE of Part A of the Home Support Frequency Tool for Shared Living and Family Centered Support. This will serve as the cover sheet for the packet submitted. Part B of the Home Support Frequency Tool for Shared Living and Family Centered Support must be completed ONLY for those individuals whose support needs rise above the standard support level. For example: A home provides supports to four individuals with varying support needs. In this example, 2 individuals have very significant medical needs that require additional staffing support. The other two individuals do not have significant medical issues. The Provider must submit Part B of the Home Support Frequency Tool for the two individuals requiring the additional support. It is not necessary to submit for the other two individuals in the home. If every person in the home has significant medical or behavioral support needs, then Part B must be completed for each person.

Please send the completed packet(s): Part A and B and all supporting documentation to the Case Manager as one packet per home, to your local regional office by December 15th. If you need additional time to complete the information, please contact the Team Leader in writing (e-mail is acceptable) requesting an extension.

PART A: Part A of this tool is designed to give the Provider an opportunity to give a written description/overview of the workings of the home and in particular, the manner in which the increase support will be utilized. Please provide a brief narrative describing the people living in the home, its general daily operation, and the reason for the request for increased level of support..