



Adults with Cognitive and
Physical Disabilities Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

DRAFT

Home Support Frequency Tool Part A

Home Address: _____

Total number of Consumers Living in Home: _____

Person Completing Form: _____

Instructions:

Providers should submit a packet that includes *Part A of the Home Support Frequency Tool* as a cover sheet in order to request additional staffing for a home. Each packet should also include *Part B of the Home Support Frequency Tool* for each person in the home who is requesting additional supports.

Below please provide a brief narrative describing the home and the people living there, its general daily operation, and the reason for the request for additional staffing above the mean.