



### 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:

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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?
6. Have you experienced or reported any incidents of abuse, neglect, or exploitation? If so, please explain?
7. Do you have any issues or concerns related to your health and/or safety? If so, what?\_
8. Have you had to use your emergency/backup plan since we connected last? Is it still in place and current?
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.

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

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

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: