

Best Practices Documentation Template

Documentation to be collected and submitted via fax or email for all S.N.E.S.A.A. clients on a monthly basis (or as indicated)

Client Name: _____ **Date:** _____

Bank Statement(s):

Every visit ask if the client has a community bank account. If they do have an account, please ensure the community bank account balance is \$300 or less at all times. If the client has more than one community bank account the combined totals must be \$300 or less.

1. Does the client have a community bank account? Yes No
2. Collect copy of current bank statement(s) _____
3. Is/are the balance(s) less than \$300? Yes No
4. If client balance is above \$300 what action will occur? _____
5. Date submitted to S.N.E.S.A.A. _____

Earned Income:

Every visit ask if the client is working. If they are working, please collect all pay stubs for the month.

1. Does the client work? Yes No
2. Collect all pay stubs for the month _____
3. Date submitted to S.N.E.S.A.A. _____

Supplemental Rent Paid to Provider or Vendor Agency based on Charges for Care Contract?

Client Stopped Working?

You will need to send S.N.E.S.A.A. the following documents via fax or email:

- Employer Letter - from the employer that documents the work stop date
- Client Work Information Form – fillable pdf available here www.snesaa.org/forms

Client Name: _____

Incarceration:

Inform S.N.E.S.A.A. immediately via email. S.N.E.S.A.A. will need intake and release paperwork.

Facility Name: _____

Facility Address: _____

Intake Date: _____

Release Date: _____

Was there a Conviction (was the client found guilty of a felony)? Yes No

Death:

Inform S.N.E.S.A.A. immediately via email.

Date of Death: _____

Next of Kin Name: _____

Next of Kin Address: _____

Next of Kin Phone #: _____

Client Name: _____

VITAL Documents

Name Change:

Client will need to go to their local Social Security Administration (S.S.A.) office with a valid I.D. and legal documentation from the court with their name change. Client will need to request a new Social Security Card. Once received, inform S.N.E.S.A.A.

Date informed S.N.E.S.A.A.: _____

Marriage/ Divorce/ Birth/Change in Guardianship:

Inform S.N.E.S.A.A. immediately via email. You will need to submit via **MAIL** a certified document with the raised seal or stamp for S.N.E.S.A.A. to report change to S.S.A.

How to Obtain Vital Documents:

- Vital Check website: www.vitalchek.com
This can be used to obtain certified birth certificates and other government certified vital records.
- If you know the town/city the client was born in you can get the birth certificate from the town/city hall. This is also the same process you can obtain a marriage and/or divorce certificate.
- Appointment of Guardian decree: Contact the Trial Court/Probate & Family Court from the county it was issued (this info is typically in the top right corner of the decree).
- Please note there is typically a fee for these documents.

Client Name: _____

Hospitalization(s): Fill out Hospitalization spreadsheet and submit to S.N.E.S.A.A. via email. When client is discharged home, email **discharge paperwork** to S.N.E.S.A.A.

Admission Date	Transfer/Discharge Date (s)	Name of Facility	Address/Phone Number

Discharge Date: _____

Address Client was discharged to: _____

Date Paperwork sent to S.N.E.S.A.A.: _____