



New Directions

Developmental Disabilities Administration

SUPPORT BROKER DOCUMENTATION

Employer Name/Waiver Participant: _____

Support Broker Name: _____

Pay Period: _____

Duties Performed During this Pay Period

Activities Performed

- Assist with initial planning and start-up activities
- Help with staff recruitment
- Help with hiring/interviewing staff
- Help with staff supervision/evaluation
- Help with firing of staff
- Help with skills training
- Help with managing the budget
- Help with managing supports and services
- Help with managing/maintaining benefits (SSI, MA, etc.)
- Facilitating team meetings
- Advocating for supports and services
- Program development activities
- Quality Assurance activities
- Risk assessment/planning/mitigation activities
- Emergency back up activities
- Budget/invoice reviews/audits
- Develop/review data and communication logs
- Other: _____

Summary Description of Key Activities

Total number of hours of Support Broker services provided during this pay period _____

I attest that I have reviewed employee time sheets for _____ (covered pay periods) and the monthly financial statement for the month of _____ and that services are being provided as approved by DDA in the above named person's Individual Plan and Budget (IP&B). I understand that I am responsible for reviewing the above named individual's monthly budget statements to ensure accurate accounting of employee timesheets and payments for services/supports, and for assisting him/her to self-direct their services, to implement their IP&B, and to maintain effective quality.

Support Broker Signature

Date

INSTRUCTIONS: This form must be submitted to the FMS by all Support Brokers (paid and unpaid) during each pay period.