

**ISO CLIENT VISITS AND TELEPHONE INTERVIEWS**  
(Every 6 Months)

Client Name: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Phone Number:
Address:

1. Plan of Care meeting needs of the person with a disability?	Y/N?
2. Has the personal assistant received sufficient training to provide services for the person with a disability?	Y/N?
3. Have there been changes in the health status of the person with a disability? If yes, describe: _____ _____ _____	Y/N?
4. Additional comments: _____ _____ _____ _____	

Today's Date: \_\_\_\_\_

In Person Visit: \_\_\_\_\_ Telephone Interview: \_\_\_\_\_

Person conducting visit/telephone interview: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_