



CSS MONTHLY SUMMARY NOTE - \_\_\_\_\_ / \_\_\_\_\_ for \_\_\_\_\_ FMS Agency: \_\_\_\_\_  
 Month/Year Participant's Name

Was a circle meeting held this month?  Yes  No

**This form must be completed by you, the person receiving CSS services, or by your designee every month.**

- In the box below, please check off all the activities/expenses from your CSS budget that you used this month.**
- Each of the Valued Outcomes related to your CSS self-hired staff is listed below. For each Valued Outcome, please write down the activities you participated in that relate to that valued outcome. Please tell whether you were satisfied with the services and supports you received to help you participate in these activities. Also, tell about your progress, how these activities are helping you reach your valued outcomes and whether you would like any changes to your services and supports. You MUST complete these sections if you have self-hired staff.**

**This month I used the following items that are included in my ISP and/or CSS budget (check all that apply):** **Don't forget to sign at the bottom of the page!**

Advertising for staff  Staff activity costs  Household supports (including rent, utilities, repairs & maintenance, food, household supplies, insurance, etc.)

Mileage – service related  Other transportation costs (specify): \_\_\_\_\_

Gym/health club membership  Equine therapy  Massage therapy  Music therapy  Other therapy (specify): \_\_\_\_\_

Other activities (specify): \_\_\_\_\_  Other costs (specify): \_\_\_\_\_

**1<sup>st</sup> Valued Outcome and associated supports & services (these valued outcomes will match the CSS valued outcomes in your ISP):**

\_\_\_\_\_

-----

This month I participated in the following activities related to this valued outcome:

\_\_\_\_\_

-----

I was satisfied with the following services and supports I received to help me take part in these activities:

\_\_\_\_\_

-----

These activities helped me progress toward my valued outcomes by:

\_\_\_\_\_

-----

I would like to make the following changes to my services and supports:

\_\_\_\_\_

<p><u>Signing and submitting false information may lead to a charge of Medicaid fraud.</u></p> <p>By signing this document, I confirm that I received the above services and supports and that the statements made about these services and supports are true.</p> <p>_____</p>	<p>The person identified below helped me complete this form:</p> <p>_____</p>
<p>Signature of Participant/Designee /Staff <span style="float: right;">Date (Mo/Day/Yr)</span></p>	<p>Name of Person who Helped Complete the Form <span style="float: right;">Relationship to Participant <span style="float: right;">Date (Mo/Day/Yr)</span></span></p>



