

MDHHS- OFFICE OF RECIPIENT RIGHTS CMHSP ANNUAL MONITORING FORM

Instructions: This **CMHSP Annual Monitoring Form** will be completed by each agency annually. Data provided by the agency will be from the immediate past fiscal year. MDHHS-ORR will review each submission as part of its annual review pursuant to MCL 330.1232a(6).

Section A. Please include CEO or staffing changes in this section. Please provide the information requested.

Section B. Please only include MDHHS-ORR approved courses. Please include course name, credits earned and category classification. You may cut and paste Annual Report information from the “training chart” tab directly into the box in this section. Documentation of course approval and attendance must be retained.

Section C. If there was a change in your agency’s business address, please include that information in this section.

Section D. Include title of policy and date policy was created or revised. It is not necessary that you include a copy of the new or revised policy.

Agency:		Fiscal Year:	
Your Name:			
Title:		Date:	

SECTION A. PLEASE IDENTIFY A CEO CHANGE OR ANY STAFF CHANGES IN YOUR RIGHTS OFFICE IN THE LAST FISCAL YEAR (You may type the information directly into the table below.)

New Staff	Position	Hire Date	Basic Skills or CEO training? (If Yes, include dates)	If no, why not?

SECTION B. PLEASE IDENTIFY FOR EACH RIGHTS OFFICE STAFF ALL MDHHS-ORR APPROVED CEU'S EARNED IN THE LAST FISCAL YEAR (You may cut and paste Annual Report information ("training chart" tab) in to the box below.)

(paste here)

SECTION C. PLEASE PROVIDE INFORMATION OF ANY CHANGES IN AGENCY'S BUSINESS ADDRESS

SECTION D. PLEASE LIST NEW OR REVISED POLICIES IN THE LAST YEAR

Please complete and return form by January 30th to
Cynthia M. Ward, Director of Community and Field Operations at
wardc7@michigan.gov