

Aging and Disability Resource Center Annual Update Checklist

Instructions

As required in the ADRC Scope of Services, the ADRC will annually review and submit information regarding the ADRC. Please complete the steps listed below indicating with a checkmark when the item has been completed. Please sign and submit this form by email to your assigned regional quality specialist or through DocuSign by January 1, 2026. The information to review and submit can be found on the [ADRC SharePoint](#) site. If you have any questions, please contact your assigned regional quality specialist. Thank you.

- ☐ Confirm that the ADRC Directory has been reviewed and it is complete, correct, and current.
- ☐ Confirm that the Governing Board section on your ADRC informational page has been reviewed and it is complete, correct, and current.
- ☐ Confirm that you have uploaded the organizational chart(s) on your ADRC informational page and it is complete, correct, and current.
- ☐ Confirm that you have reviewed the personnel section on your ADRC informational page and it is complete, correct, and current. This includes updating the review type, observation type, and observation date for all ADRC specialists. (ADRC specialists hired on or after July 1 of the current year are not required to have an observation.)
- ☐ Confirm that you have submitted the ADRC annual quality improvement project, or have submitted the [Change Project Report and Instructions \(F-00615\)](#) or [Change Project Summary and Instructions \(F-00615A\)](#) to your regional quality specialist.
- ☐ Optional: Share a success story illustrating the positive impact that your ADRC has had on a customer during the past year. This information can be submitted through your ADRC informational page under the Useful Links tab. Please exclude any personal identifying information.
- ☐ I have completed the checklist and certify that the information requested has been reviewed and updated as required.

ADRC of: _____

ADRC director/supervisor or designee name: _____

Title: _____

Signature: _____ **Date signed:** _____