***CLIENT ORIENTATION PACKAGE***

***CLIENT ORIENTATION CHECKLIST:***

* ***Client Assessment Application***
* ***Mission, Vision, & Values***
* ***Client Rights and Responsibilities***
* ***Matching Clients and Home Caregiver Policy***
* ***Sexual Harassment***
* ***Acceptance of Clients***
* ***Service Plan***
* ***Service Agreement***
* ***Confidentiality and Privacy Client Act***
* ***HIPPA Privacy Notice***
* ***Service Fees and Rates***
* ***Contact Persons***
* ***Grievance/Complaint Policy***

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**MISSION, VISION & VALUES STATEMENT**

**MISSION**

We are committed to providing high quality, client-centered and affordable Home Care services to our clients to assist them to lead dignified and independent lives in the comfort and safety of their own homes. Their individual needs are carefully assessed, understood and met through the selective assignment of qualified, trustworthy and compassionate personnel.

**VISION**

* To be known and valued for providing the highest standard of in-home care services.
* To be the provider of choice in the community.
* To be the employer of choice in the community.
* To be a financially viable agency.

**VALUES**

Our mission and vision will be achieved through the application of our core values, which include:

* keeping our client’s health, quality of life and well-being central in the design and delivery of services;
* treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity while recognizing and maintaining confidentiality of client information;
* showing respect for all cultures, religions, ethnicities; sexual orientation, ages, gender and disabilities;
* recruiting, training and retaining competent staff;
* valuing, supporting, recognizing and appreciating our staff who are our greatest asset;
* nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward;
* developing and maintaining positive relationships with the community, including local Home Care and Health Care personnel/organizations;
* conducting our business in an accountable and responsible manner;
* adhering to the professional code of ethics of the Home Care industry; and,
* applying continuous quality improvement measures throughout our Agency.

**NURSING ASSESSMENT: CLIENTS NEEDS**

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

Client Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **NURSING ASSESSMENT** | | |
| --- | --- | --- |
| **General Topics** | **Subject Matter** | **Action(S)**  **Indicated** |
| Medical Information | | |
| Medical Conditions | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Medical Background | Major Surgeries Illnesses  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Hospitalizations | Recent (Last 2 Years) Previous  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Height & Weight | Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weight Status:  \_\_\_\_ Increase \_\_\_\_ Static \_\_\_\_ Decrease  Reason for Any Weight Change:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Vital Signs | \_\_\_\_\_\_\_\_\_ Blood Pressure \_\_\_\_\_\_\_\_ Pulse  \_\_\_\_\_\_\_\_\_ Respirations \_\_\_\_\_\_\_\_ Temperature |  |
| Medications | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Medication  Allergies | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Current  Treatments | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Current  Therapy | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Dental Care | Does client have dental problems? \_\_\_\_ Yes \_\_\_No  Is Client Under Care Of Dentist? \_\_\_\_ Yes \_\_\_No  Dental State:  \_\_\_No Dentures \_\_\_\_ Dentures Damaged  \_\_\_Full Upper \_\_\_\_ No Dentures  \_\_\_Full Lower \_\_\_\_ Not Wearing Dentures  \_\_\_Partial Denture \_\_\_\_ No Teeth  Can Client Chew Food Effectively? \_\_\_\_Yes \_\_\_\_No  Dentist's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dentist’s Phone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Vision | \_\_\_ Unimpaired \_\_\_ Blind - Safe In Familiar Locale  \_\_\_ Adequate For Personal Safety \_\_\_ Blind - Requires Assistance  \_\_\_ Distinguishes Only Light Or Dark  Wears Glasses: \_\_\_Yes \_\_\_\_No |  |
| Hearing | \_\_\_ Unimpaired  \_\_\_ Mild Impairment  \_\_\_ Moderate Impairment But Not a Threat to Safety  \_\_\_ Impaired –Safety threat exists.  \_\_\_ Totally Deaf  Uses Hearing Aid(s): \_\_\_\_ Yes \_\_\_\_ Right Ear \_\_\_\_Left Ear  \_\_\_\_\_ No |  |
| Mental Health | Attitude Appearance Self-Direction  \_\_\_Cooperative \_\_\_ Well Groomed \_\_\_ Independent  \_\_\_Indifferent \_\_\_\_ Adequate \_\_\_ Needs Motivation  \_\_\_Resistive \_\_\_\_ Disheveled \_\_\_ Dependent  \_\_\_Demanding \_\_\_\_ Inappropriately Dressed \_\_\_ Needs Direction  \_\_\_Suspicious \_\_\_\_ Not Dressed  \_\_\_Hostile  Behavior Influence Thought Content  \_\_\_\_ Normal \_\_\_\_ Appropriate \_\_\_\_ Normal  \_\_\_\_ Wandering \_\_\_\_ Inappropriate \_\_\_\_ Delusions  \_\_\_\_Sun downing \_\_\_\_ Anxious \_\_\_\_ Obsessions  \_\_\_\_Restless \_\_\_\_ Blunted \_\_\_\_ Phobias \_\_\_\_Hostile \_\_\_\_ Euphoric \_\_\_\_ Persecutory  \_\_\_\_ Withdrawn \_\_\_\_ Depressed \_\_\_\_ Guilt  \_\_\_\_ Self Destructive \_\_\_ Angry \_\_\_\_ Can’t Assess  \_\_\_\_ Safety Hazard \_\_\_\_ Mood Swings  \_\_\_\_ Aggressive  \_\_\_\_\_Verbal  \_\_\_\_ Physical  Perceptions Cognition Insight Judgment    \_\_\_\_ Normal \_\_\_\_ Normal \_\_\_\_ Good \_\_\_\_Good  \_\_\_\_ Hallucinations \_\_\_\_ Impairment \_\_\_\_ Partial \_\_\_\_ Adequate  \_\_\_\_ Auditory \_\_\_\_ Mild \_\_\_\_ None \_\_\_\_ Poor  \_\_\_\_ Visual \_\_\_\_ Moderate  \_\_\_\_ Other \_\_\_\_ Severe |  |
| LIVING HABITS | | |
| Smoking  Habits | Client Smokes Degree of Problem  Yes: \_\_\_\_\_\_ \_\_\_\_\_ No Problem  No: \_\_\_\_\_\_ \_\_\_\_\_ Some Problem  \_\_\_\_\_ Major Problem |  |
| Alcohol  Consumption | Client Drinks Degree of Problem  Yes: \_\_\_\_\_\_ \_\_\_\_\_ No Problem  No: \_\_\_\_\_\_ \_\_\_\_\_ Some Problem  \_\_\_\_\_ Major Problem |  |
| Current  Diet | Regular \_\_\_\_\_ Low Salt \_\_\_\_\_\_\_\_  Diabetic \_\_\_\_\_ Vegetarian \_\_\_\_\_\_\_  Low Fat \_\_\_\_\_ Other \_\_\_\_\_\_\_  Takes Supplement (E.g. Ensure) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Allergies  Food & Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| Eating Habits | **\_\_\_\_\_** Good  \_\_\_\_\_ Fair  \_\_\_\_\_ Poor  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| COMMUNCATION | | |
| Language  Spoken | \_\_\_English \_\_\_\_ Italian  \_\_\_French \_\_\_\_ Spanish  \_\_\_Chinese \_\_\_\_ Russian  \_\_\_Japanese \_\_\_\_ East Indian  \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Speech | \_\_\_ Unimpaired.  \_\_\_ Simple Phrases - Understandable  \_\_\_ Simple Phrases - Partially Understandable  \_\_\_ Isolated Words – Understandable  \_\_\_\_Speech Not Understandable Or Does Not Make Sense  \_\_\_\_ Does Not Speak  If Client Cannot Speak, Indicate Method of Communicating\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Method is:  \_\_\_Effective  \_\_\_Partially Effective  \_\_\_Moderately Effective .  \_\_\_Not Effective |  |
| Understanding | \_\_\_Unimpaired  \_\_\_Understands Simple Phrases Only  \_\_\_Understands Key Words Only  \_\_\_Understanding Unknown  \_\_\_Not Responsive |  |
| ACTIVITIES OF DAILY LIVING | | |
| Mobility Aids | \_\_\_Uses Cane  \_\_\_Uses Walker  \_\_\_Uses Crutches  \_\_\_Uses Wheelchair:  \_\_\_Manual  \_\_\_Electric  \_\_\_Uses Grab Bars  \_\_\_ Other Prosthesis Or Aid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Ambulation | \_\_\_Independent In Normal Environments  \_\_\_Independent Only In Specific Environment  \_\_\_Requires Supervision  \_\_\_Requires Occasional Or Minor Assistance  \_\_\_Requires significant or Continued Assistance |  |
| Transferring | \_\_\_\_Independent  \_\_\_\_ Needs Supervision transferring to : \_\_\_\_ Bed \_\_\_\_Chair \_\_\_\_Toilet  \_\_\_\_ Needs Intermittent Assistance transferring to: \_\_\_\_ Bed \_\_\_\_Chair \_\_\_\_Toilet  \_\_\_\_ Needs Continued Assistance transferring to : \_\_\_\_ Bed \_\_\_\_Chair \_\_\_\_Toilet  \_\_\_\_ Completely Dependent for All Movements |  |
| Bathing | \_\_\_\_Independent in Bathtub or Shower  \_\_\_\_ Independent with Mechanical Aids (E.g. bath seat)  \_\_\_\_ Requires Minor Assistance or Supervision:  \_\_\_\_Getting in and Out of Tub/Shower  \_\_\_\_ Turning Taps On and Off  \_\_\_\_ Washing Back  \_\_\_\_ Requires Continued Assistance  \_\_\_\_ Resists Assistance  \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Dressing | \_\_\_\_ Independent  \_\_\_\_ Supervision or Needs some help:  \_\_\_\_ Selecting Appropriate Clothing  \_\_\_\_ Coordinating Colours  \_\_\_\_ Periodic or Daily Help Needed:  \_\_\_\_ Putting on Clothing  \_\_\_\_ Doing up Buttons, Laces, Zippers  \_\_\_\_ Pulling on Trousers, Socks, Shoes  \_\_\_\_ Determining Condition or Cleanliness of Clothing |  |
| Grooming & Hygiene | \_\_\_\_Independent  \_\_\_\_Requires Reminder, Motivation&/or Direction  \_\_\_\_Requires Assistance with Some Things  \_\_\_\_Putting Toothpaste of Toothbrush  \_\_\_\_ Using Electric Razor  \_\_\_\_ Requires Total Assistance  \_\_\_\_ Resists Assistance |  |
| Eating | \_\_\_\_ Independent  \_\_\_\_ Independent with Special Provision for Disability  \_\_\_\_ Requires Intermittent Help With:  \_\_\_\_ Cutting Up/Pureeing Food  \_\_\_\_ Must Be Fed  \_\_\_\_ Resists Feeding |  |
| Bladder Control | \_\_\_\_Totally Continent  \_\_\_\_ Needs Routine Toileting or Reminder  \_\_\_\_ Incontinent Due to Identifiable Factors  \_\_\_\_ Incontinent Once Per Day  \_\_\_\_ Incontinent More than Once per Day |  |
| Bowel Control | \_\_\_\_ Has Total Control  \_\_\_\_ Needs Routine Toileting or Reminder  \_\_\_\_ No Bowel Control Due to Identifiable Factors  \_\_\_\_ Loses Bowel Control Once Per Day  \_\_\_\_ Loses Bowel Control More than Once per Day |  |
| Toileting | \_\_\_\_ Requires Raised Toilet Seat or Commode  \_\_\_\_ Has Difficulty With Buttons, Zippers  \_\_\_\_ Needs Help with Aids (E.g. Catheter, Condom Drainage, etc.)  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Exercising | \_\_\_\_ Exercises Regularly:  \_\_\_\_ Daily  \_\_\_\_ Alternate Days  \_\_\_\_Twice a Week  \_\_\_\_ Weekly  \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Time and/or Distance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Recent Changes to Exercise Regime\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Exercise Alone  \_\_\_\_ Exercises With Attendant  \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| INSTRUMENTAL ACTIVITIES OF DAILY LIVING | | |
| Preparing Food | \_\_\_\_ Independent  \_\_\_\_ Adequate if Ingredients Supplied  \_\_\_\_ Can Make or Buy Meals But Diet is Inadequate  \_\_\_\_ Physically or Mentally Unable to Prepare Food  \_\_\_\_ No Opportunity to Prepare Food or Chooses Not to Prepare Food |  |
| Housekeeping | \_\_\_\_ Independent  \_\_\_\_ Generally Independent But Needs Help With Heavier Tasks  \_\_\_\_ Can Perform Only Light Tasks Adequately  \_\_\_\_ Performs Light Tasks But Not Adequately  \_\_\_\_ Needs Regular Help and/or Supervision  \_\_\_\_ No Opportunity to Do Housework or Chooses Not to Do Housework |  |
| Shopping | \_\_\_\_ Independent  \_\_\_\_ Independent But For Small Items Only  \_\_\_\_ Can Shop if Accompanied  \_\_\_\_ Physically or Mentally Unable to Shop  \_\_\_\_ No Opportunity to Shop or Chooses Not to Shop |  |
| Transportation | \_\_\_\_ Uses Private Vehicle  \_\_\_\_ Uses Taxi or Bus  \_\_\_\_ Independent  \_\_\_\_ Must be Accompanied  \_\_\_\_ Must be Driven  \_\_\_\_ Physically or Mentally Unable to Travel  \_\_\_\_ Needs Ambulance for Transporting |  |
| Telephone | \_\_\_\_ Independent  \_\_\_\_ Can Dial Well Known Numbers  \_\_\_\_ Answers Telephone Only  \_\_\_\_ Physically or Mentally Unable to Use Telephone  \_\_\_\_ No Opportunity to Use Telephone or Chooses Not to Use Telephone |  |
| Medication/  Treatments | \_\_\_\_ Completely Responsible for Self  \_\_\_\_ Requires Reminder or Assistance  \_\_\_\_ Responsible if Medications Prepared in Blistopax  \_\_\_\_ Physically or Mentally Unable to Take Medications and Conduct Treatments  \_\_\_\_ Resists Taking Medication or Conducting Treatments |  |
| ATTENDANT PROFILE | | |
| Attendant | \_\_\_\_ Independent  \_\_\_\_ Needs an Attendant  \_\_\_\_ Frequency of Attendant Assistance  \_\_\_\_ Intermittent  \_\_\_\_ Constantly  \_\_\_\_ During Day  \_\_\_\_ During Night  \_\_\_\_ Attendant Needs Met by:  \_\_\_\_ Spouse \_\_\_\_ Friend  \_\_\_\_ Family \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| SOCIAL PROFILE | | |
| Housing | \_\_\_\_ House \_\_\_\_ Self Owned  \_\_\_\_ Apartment \_\_\_\_ Rental  \_\_\_\_ Condominium  \_\_\_\_ Mobile Home  \_\_\_\_ Room \_\_\_\_Urban  \_\_\_\_ Facility \_\_\_\_Rural  \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Living Companions | \_\_\_\_ Lives Alone  \_\_\_\_ Lives with Spouse or Spousal Equivalent  \_\_\_\_ Lives With Adult Children  \_\_\_\_ Lives With Child(ren)  \_\_\_\_Lives with Other Adult Male  \_\_\_\_ Lives with Other Adult Female  \_\_\_\_ Principal Helper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Religion & Culture | \_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| FINANCIAL PROFILE | | |
| Financial  Benefits | Financial Benefits:  \_\_\_\_ Old Age Security Pension  \_\_\_\_ Guaranteed Income Supplement  \_\_\_\_ Gains for Senior  \_\_\_\_ War Veterans Allowance or Disability Pension  \_\_\_\_ Company Pension  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Financial Management | \_\_\_\_ Self \_\_\_\_ Spouse \_\_\_\_ Family  \_\_\_\_ Friend \_\_\_\_ Public Trustee \_\_\_\_ Power of Attorney  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Financial Arrangements | \_\_\_\_ Appropriate  \_\_\_\_ Not Appropriate |  |
| ADDITIONAL INFORMATION | | |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Name & Position (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Client’s Representative’s Signature Date

**SERVICE PLAN**

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

Name of Client’s Representative (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name Relationship Phone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name Phone No.

**Client’s Functional Limitations:**

Hearing \_\_\_\_ Speech \_\_\_\_ Vision \_\_\_\_ Mobility \_\_\_\_ Swallowing \_\_\_\_ Breathing \_\_\_\_

Cognition \_\_\_\_ Performing Activities of Daily Living \_\_\_\_ Other \_\_\_\_

Special diet and /or Nutritional Needs \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_

Referred By (i.e. self, friend, family, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) | **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) |
| --- | --- | --- | --- | --- | --- |
| **Homemaking/Housekeeping** | | | | | |
| Vacuum/Sweep Floors |  |  | Clean Refrigerator (inside) |  |  |
| Dust Furniture |  |  | Defrost Refrigerator |  |  |
| Polish Furniture |  |  | Clean Oven/Microwave |  |  |
| Clean Mirrors |  |  | Clean Bathroom Sink |  |  |
| Wet Mop Floors |  |  | Clean Bathtub/Shower |  |  |
| Clean Kitchen Surfaces |  |  | Clean Toilet |  |  |
| Clean Inside Windows |  |  | Make Bed |  |  |
| Change Bed Linen |  |  | Prepare Breakfast |  |  |
| Prepare Lunch |  |  | Prepare Dinner |  |  |
| Prepare Food For Next Day |  |  | Laundry( Washer & Dryer) |  |  |
| Laundry( Hand Wash) |  |  | Laundry(Laundromat) |  |  |
| Hang Out Clothes To Dry |  |  | Other |  |  |
| **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) | **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) |
| **Companion/Sitter** | | | | | |
| Companionship/Supervision  & Overseeing Of Client’s Activities |  |  | Incidental Duties Including Housekeeping & Laundry |  |  |
| Transportation & Escort |  |  | Socialization Activities |  |  |
| Taking Client For Walk |  |  | Meal Preparation , Serving & Clean Up |  |  |
| Medication Reminding |  |  | Assistance with Correspondence |  |  |
| Shopping |  |  | Bill paying |  |  |
| Other |  |  | Other |  |  |
| **Personal Care** | | | | | |
| Assisting with Bath/Shower |  |  | Sponge Bath |  |  |
| Bed Bath |  |  | Wash Hair |  |  |
| Stand By For Safety |  |  | Shaving(face,legs,underarms) |  |  |
| Brush Teeth |  |  | Clean Dentures |  |  |
| Clean Hearing Aid(s) |  |  | Clean Nasal Cannula |  |  |
| Nail Care(Filing) |  |  | Routine Skin Care |  |  |
| Dressing/Undressing |  |  | Wash Hands & Face |  |  |
| Toileting-Toilet, Commode, Bedpan |  |  | Toilet Hygiene |  |  |
| Assisting With Feminine Hygiene Needs |  |  | Changing Diapers(i.e. Depends) |  |  |
| Assistance With Eating & Drinking Utensils, Adaptive Devices |  |  | Supervision/Encouragement |  |  |
| Transferring |  |  | Positioning |  |  |
| Assist With Walking/Wheel Chair,Cane |  |  | Assist With Exercising |  |  |
| Take Client For Walk |  |  | Supervision/Assistance With Therapy |  |  |
| Medication Reminding |  |  | Other |  |  |
| Other |  |  | Other |  |  |
| **Respite** ( List duties/tasks usually undertaken by caregiver & which are to be performed) | | | | | |
|  |  |  |  |  |  |
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| **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) | **Services Requested** | **√** | **Frequency**  (per visit, per request, daily, weekly, etc.) |
| **Friendly Reassurance/Phone Check/Home Visit** | | | | | |
| Friendly Home Visit Check |  |  | Other |  |  |
| Telephone Check/Monitor |  |  | Other |  |  |
| **Chores-Intermittent** | | | | | |
| Heavy cleaning ( floors, walls, carpets,rugs,exterior windows, patio, etc.) |  |  | Lawn & Garden Maintenance ( cut grass, rake leaves, edging, etc.) |  |  |
| Clearing sidewalks of ice, snow,etc. |  |  | Miscellaneous Handyman Tasks |  |  |
| Other |  |  | Other |  |  |
| Other |  |  | Other |  |  |
| **Miscellaneous Services** | | | | | |
| Grocery Shopping |  |  | Errands (paying bills, pick up mail, prescriptions, etc.) |  |  |
| Special Requests/Needs |  |  | Money/Financial Management |  |  |
| Other |  |  | Other |  |  |
| **Notes/Comments:** | | | | | |
|  | | | | | |
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|  | | | | | |

**The following information has been provided to and/or discussed with the Client:**

\_\_\_\_ Roles and Responsibilities \_\_\_\_\_ Code of Ethics \_\_\_\_\_ Costs & Billing

\_\_\_\_ Confidentiality of Client Information \_\_\_\_\_\_\_Contact Information \_\_\_\_\_\_ Client Consent

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation & Information:**

I acknowledge that the information and documentation as noted above, has been discussed with me and I will be provided with a copy.

**Client Consent:**

I consent to have the Non-Medical Home Services as requested and recorded in this Service Plan. I understand that my service requests/needs will be reviewed by the Supervisor at least every

\_\_\_\_\_ months, or as required, and that the service(s) may be changed according to my needs, wants or wishes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Client’s Representative’s Signature: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Designee’s Signature: Date

Name and Position of Individual Preparing Service Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Service Plan Prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day(s) of Service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_AM \_\_\_\_\_\_\_\_\_\_\_\_\_\_PM

Recommended/Requested Number of hours: \_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verbal Consent Received From Client: \_\_\_\_ Yes \_\_\_\_No

**SERVICE AGREEMENT**

Please review this agreement carefully, as it sets forth the understanding between you (“Client”) and Passionate Compassionate Home Care, LLC. regarding the services you have requested and we will provide for you. If you have any questions, concerns or issues about the content of this Agreement please contact us for clarification before signing it.

THIS AGREEMENT made this \_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by and between Passionate Compassionate Home Care, LLC. and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Client and/ or Responsible Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name Relationship Phone No.

**Authorized Person Other Than Client (Family Member / Healthcare Agent/ POA- Section are to be filled out only if applicable.**

Name (Last, First):

--------------------------------------------------------------------------------------------------------------------------------

Relationship to the (“Client”):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Responsible For Payment of Services**

Name (Last, First) (“Payee”):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the (“Client”):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (“Payee”):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(“Client”) on the terms and conditions set out below:

1. **Term of Agreement**. The term of this agreement will start on the Effective Date, and will continue on an as-needed basis until the Agreement is terminated by either party, as provided hereunder.
2. **Services Requested**. We will provide the services: 24 Hour Live-In Care, Personal Care, Homemaker, Companion/Sitter, Intermittent, Respite, Chores, Assistance with client’s personal belongings from home to hospital or from hospital to home or nursing home/healthcare facility requested and agreed upon as set out in the Service Plan enclosed. The preferred day, time and duration of services will be mutually agreed upon by you and/or your representative and the agency. Passionate Compassionate Home Care, LLC. provides an excellent standard of non-medical care for all of their clients. Passionate Compassionate Home Care, LLC., at the request of the (“Client”), will refer one or more trained, skilled, matched, screened individuals (“Caregiver”) to Client for his/her/ their consideration to provide specialized 24 hour live-care, companionship/sitter, personal care and/or homemaking services, chores, respite, housecleaning assistance technicians (home health aides to clean entire home of client), transportation aides to assist in packing and transporting client’s personal belongings from home to hospital or health care facility or from hospital or healthcare facility to private home, to client at a location, for a period of time and under conditions that Client and Caregiver independently determine. Client understands that applicable state laws does not permit Caregiver to perform medical procedures, administer narcotics or injections: although state laws permits Caregiver to assist Client with self-administered medications so long as the Client, Client’s agent, or physician provides Caregiver with written instructions. Client retain sole discretion over whether Caregiver will continue to perform his/her services for Client. Caregiver is responsible for their own taxes.
3. **Rates, Fees & Deposits**. We will provide the services at the rates set out in the current Rate/Fee Schedule enclosed. A deposit for all types of care offered including 24 Hour Live-In Care of 50 % is required prior to commencing services. A deposit for hourly care of 50% of the actual rate is due prior to the commenced services and the remaining balance (50%) will be due when services begin and ongoing. The cost for 24 Hour Live-In Care is $ 250.00 to $ 300.00 a day and the cost for hourly is $30.00 a day depending on the level of care needed.
4. **Billing**. We bill on a weekly basis. Billing every two weeks will be considered upon the client’s financial situation. Any questions regarding your invoice should be directed to our office.
5. **Payment and Overdue Accounts.** Fees for services rendered are payable upon receipt of invoice. Payment may be made by check, money order, cash or credit card. An account is considered overdue if not paid within 10 days of the billing date.

Interest will be charged on account balances which remain unpaid for seven (7) days or more after the same becomes due at the rate of 1.5 % per month until paid. Responsible Party or (“Client”) agrees to pay all collection fees. We reserve the right to discontinue providing services until the account is paid in full, including any additional charges and accrued interest. A $25.00 returned check fee will be charged. Checks are to be made payable to: Passionate Compassionate Home Care, LLC.

1. **Cancellations.** Cancellations may be made up to 24 hours in advance of a scheduled visit without charge. We reserve the right to charge for a scheduled visit if insufficient notice is not given.
2. **Termination**. Either “Client” or “Agency” may terminate this agreement at any time upon written notice to the other party with at least 14 days of advance written notice absent Client non-payment of fees owed to Passionate Compassionate Home Care, LLC. If either party terminates this Agreement, all fees due at time of termination will be due and payable by you immediately. We will immediately refund any prepaid fees. This agreement is the complete agreement between Passionate Compassionate Home Care, LLC. and (“Client”) or Personal Guarantor (if any), Spouse, Authorized Family/Household Member, Power of Attorney (POA); it cannot be changed unless changes are in writing; all portions of the agreement are severable and if any provision is held invalid by a court of competent jurisdiction without reference to conflict of law principles which may govern this agreement, Passionate Compassionate Home Care and Client will negotiate an adjustment in that provision (s) and the enforceability of the remaining provisions shall not be affected.
3. **Governing Law.** The laws of the State of Connecticut shall govern this agreement.
4. **Agency’s Responsibilities**. Passionate Compassionate Home Care, LLC. (“Agency”) responsibilities are outlined on the enclosed “*Rights and Responsibilities”* form. Client and/or Client’s agent/ responsible party agrees on behalf of Client, Client’s agent/responsible party, beneficiaries, heirs and/or family/ household members to release Passionate Compassionate Home Care, LLC, its owners, officers, directors, agents, and employees, office, office directors, and office employees, from any and all liability, potential or real, for any injury, claim, damage or loss, including attorney’s fees, incurred in connection with the services that a Caregiver referred hereunder performs for Client. The protection of this paragraph is not granted to and do not inure to the potentially implied rights of any possible third party beneficiaries.
5. **Client’s Responsibilities.** Your responsibilities are outlined on the enclosed *“Rights and Responsibilities”* form. You will be required to sign it.
6. **Transportation**. If an employee of the Agency transports a client in their own, company vehicle or the client’s vehicle, the client will release the Agency and/or that employee from all liability should an injury or accident occur. Client must sign a transportation form to be transported in employee vehicle. The responsible party or (“client”) agrees to pay the agency the current IRS rate per mile $0.57 or standard rate for transportation mileage: Private/Client Vehicle of 62.5 cents an mile (example: 1 mile = 0.63, 2 miles = $1.25, 3 miles = $1.88) if client or authorized person requests the caregiver to provide transportation in caregiver’s car. (“Client”) and the responsible party will be required to sign the caregiver’s detailed mileage flow sheet, which will include location (s) and mileage. Caregiver will submit the signed mileage sheet every week to the (“Agency”). The Agency’s fee/rate structure shall be consistently applied.
7. **Private/Direct Hiring.** (“Client”)You may not privately/directly hire an Agency employee for a period of (3) years following the date that employee last provided services for you. In the event you break this part of the condition or agreement a replacement fee is due to the Agency immediately upon your employment of that individual. (“Client”) therefore agrees that client will pay Passionate Compassionate Home Care, LLC. the sum of ($10,000) per caregiver for any breach of this paragraph which is just compensation to Passionate Compassionate Home Care, LLC. for (“Client’s”) actions and not a penalty.
8. **Severe/Bad Weather.** In severe weather, we may determine it is not safe for our Home Care Workers to travel and provide services to your home that day and may have to cancel that day’s service. When this occurs, we will notify you and reschedule. We appreciate your understanding regarding this matter. We value the safety of our caregivers as well as the well-being of your loved ones at Passionate Compassionate Home Care, LLC
9. **Supplies and Equipment.** You are responsible for supplying all supplies (i.e. cleaning, personal care etc.) and equipment which may be necessary in the provision of services. Extra charges will apply if the Agency provides the supplies and/or equipment.
10. **General Information.** Youwill be provided with a list of contact names and numbers in the event you have any questions or concerns or should an emergency arise.

16.**Live-In’s Provisions.** The (“Client”) is responsible for providing the Caregiver with 3 meals a day. The caregiver will receive 3 unpaid breaks a day and 8 hours of sleep. In the case of client emergency, caregiver’s breaks or sleep time maybe interrupted and then resumed at the convenient time. If the Caregiver has to provide any type of care during the night within the caregiver’s 8 hour sleep period, additional charges will incur. As a Live-In Caregiver, Client’s must allow their residence’s for Client’s main residence for their meals, lodging, and all other purposes.

17.**Client’s Satisfactory Service Complaint.**  If Client, Authorized Representative and/or Responsible Person feels that the services provided by the Caregiver is not according to the job description or company policy and agreement are not executed properly or any grievances or complaints about the Caregiver please feel free to contact the Client Care Manager (888) 403-8884 or Director directly at (203) 331-7228. You can also file a written complaint and send it to the email address above. Passionate Compassionate Home Care, LLC, will issue a written proposed response addressing the complaint no later than 30 days after its reporting, unless circumstances require additional time. If extenuating circumstances occur, PCHC will promptly address your concerns.

**18. Client or Caregiver Abuse.** Contact Passionate Compassionate Home Care, LLC, if you are aware or suspect any form of abuse, neglect, misappropriation of property or discrimination on the basis of race, color, religion, gender, national, origin, ancestry, marital, familial or veteran status, affectional, or sexual orientation, age, disability or any other legally protected class.

**19. All Client’s Valuable Possessions.** Such as jewelry, checkbooks, family, heirlooms, etc. must be kept under lock and key while Passionate Compassionate Home Care caregivers are providing services to protect the valuable property of Passionate Compassionate Home Care, LLC, Clients, Caregivers, and Company. If this right is violated, PCHC will not be held responsible for any lost or stolen valuables. **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature and /or your representative’s signature below indicate that you and/or your representative have read, understand and are in agreement with the terms and conditions of this Service Agreement.

Notification for (“Client”) emergency or death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone\_\_\_\_\_\_\_\_\_\_

Client’s primary healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone\_\_\_\_\_\_\_\_\_\_

Client is on hospice care w/DNR Order 1 year old (no 911 calls) Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Client has Advance Directive (attach to client copy of Service Agreement or ID location of copy if Yes)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Client’s Representative Signature Date

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Authorized Signature & Position Date

Signature of Spouse, Family/Household Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Power – of – Attorney, if any (attach copy here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POA Address & Phone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Spouse, Family/Household Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Guarantor (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Banking Information.** Upon completion of services a final invoice will be charged to your credit card within four (24) hours of the last day of service.

**Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visa \_\_\_\_\_\_\_\_\_\_\_ Master \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discover \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Security Code (3 or 4 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*** “Leave the Caring to Us”***

**Patient Rights and Responsibilities**

Our clients at Passionate Compassionate Home Care, LLC deserve the best, quality care and have privileges and rights recognized and respected:

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

Client Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable,

Client’s Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Client’s Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Representative’s Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a client of PCHC, LLC, the above- named client has rights and responsibilities including, but not limited to, those outlined below:

**Part One:**

**Client Rights**

Clients have the right to:

1. be cared for by qualified, competent and trained personnel;
2. be treated with courtesy, dignity and respect;
3. be spoken to or communicated with in a manner or language they can understand;
4. receive privacy and confidentiality in regards to their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
5. be free from any actions that would be deemed to be abusive. e.g. intimidation, physical/sexual/verbal/mental/emotional/material or financial abuse, etc.;
6. report instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the *Elder Abuse Hotline*;
7. be dealt with in a manner that recognizes their individuality and is sensitive to and responds to their needs and preferences;
8. receive services and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, linguistics, disability and/or familial/cultural factors;
9. be informed of the laws, rules and policies affecting the operation of the Agency;
10. be informed of procedures for initiating complaints about the delivery of service, without fear of reprisal or retaliation;
11. be informed of the cost of services and procedures for notifying them of any increase in the cost of services;
12. be informed of the Agency’s *Code of Ethics* policy;
13. be informed of the Agency’s policy on *Unstable Health Conditions;* and,
14. be informed of the Agency’s policy on *Withdrawal/Termination of Services*.
15. have their property treated with respect;
16. participate in the development of a plan for their care;
17. provide input on which Home Care Worker they want and to be informed of who the Home Care Worker is accountable to. e.g. which Home Care Agency oversees their work;
18. be briefed on any procedure/treatment before it is carried out in order that they can give informed consent;
19. expect that the Agency will only release information about them if they have given authorization and/or if it is a requirement of law;
20. receive notice of any changes in their service, within an agreed upon amount of time, prior to the changes place;
21. be informed, within a reasonable amount of time, of the Agency’s plans to terminate the care or service and/or their intention to transfer their care to another agency.

**Part Two:**

**Client’s Rights Continued:**

1. The client has a right to considerate and respectful care.
2. The client has a right to every consideration of privacy.
3. The client has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by Passionate Compassionate Home Care, (PCHC) LLC, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law.
4. The client has a right to approve or give consent –permission-for all treatment.
5. The client has a right to choose a tub, sponge, or shower bath.
6. The client has the responsibility to inform the office of anything that is unlawful or improper.
7. The client or designated surrogate decision maker must call the office of Passionate Compassionate Home Care (PCHC), LLC within 24 hours to cancel service.
8. The client must provide gloves and household cleansers for the service of the caregiver or the office will provide the supplies and bill the client.
9. The client must not give credit cards to caregiver for the purpose of any purchases. Cash or a signed check must be issued at the time the caregiver goes shopping or runs any errands for the client that require a store purchase.

10. The client must not give caregivers a key to their home. A phone number of the client must be given to the caregiver or someone must be home to let the caregiver in to provide service.

11. The client must call 911 or have care giver call 911 in case of emergency (fall or any life-threatening condition).

12. The client will not be verbally or physically abused.

13. The client has a right to express their complaint or grievances as given in the complaint procedure below to PCHC, LLC.

14. The client has the right to participate in the planning of home care and the right to refuse any service.

15. The client has the right to be assured of at least 24 hours written notice prior to any termination in service.

16. The client has a right to be assured at least 24 hours written notice prior to any discharge or referral in service, except when a medical emergency exists, when the client’s physician orders admission to an inpatient facility, or when discharged is determined by the local owner or designee to be necessary to protect the health and welfare of the staff member providing services.

17. The client has a right to cancel service at any time. A minimal charge may be assessed if at a 24- hour notice is not given. Each situation is reviewed by the local owner or the designee on an individual basis to determine if such a charge is necessary or appropriate.

**Part Three:**

**Client Responsibilities:**

Clients are responsible for:

1. providing complete information about matters relating to their health and abilities when it could influence the care they are being given;
2. reporting any potential risks that might exist to the Home Care Worker such as the possibility that a client/family member might have a contagious illness or condition or a history of racial or sexual abuse
3. reporting unexpected changes in their condition, such as having suffered a mild stroke;
4. requesting information about anything that they do not understand;
5. contacting the office with any concerns or problems regarding services;
6. following service plans and/or expressing any concerns they have about the *Service Plan*;
7. accepting the consequences, if the *Service Plan* is not followed;
8. following the terms and conditions of the *Service Agreement*;
9. notifying the Agency, in advance, of any changes to the work schedule;
10. notifying the Agency of any advanced directives they sign. e.g. a *Do Not Resuscitate* order;
11. being considerate of property/equipment belonging to the Agency and/or Home Care Worker;
12. notifying Agency of any changes being made to their contact information such as address or phone number;
13. advising Agency of any changes being made to their Health Care Professionals. e.g. Physician, Physiotherapist, Occupational Therapist, Dietician, Registered Nurse, etc.
14. advising the Agency if they are not satisfied with the care or services being delivered;
15. paying bills according to agreed upon rates and timeframes;
16. assume financial responsibility for all materials, supplies and equipment required for their care;
17. providing a safe environment for care and services to be delivered;
18. giving reasonable notice, when possible, if service is going to be cancelled;
19. keeping all weapons in the home away from the work area during visits made by the Home Care Workers;
20. securing aggressive or menacing pets before the Home Care Worker enters the home;
21. providing a smoke free environment when Home Care Worker is present;
22. reviewing and signing the *Employee Time Sheet*, upon completion of shift;
23. treating Home Care Workers in a courteous and respectful manner, and,
24. ensuring that Home Care Workers are free from any actions that could be deemed to be abusive such as intimidation, physical/ sexual/ verbal/ mental/ emotional/material/ financial abuse, etc.

**Part Four:**

**Agency Responsibilities**

PCHC, LLC shall be responsible for:

1. providing competent employees;
2. carrying bonding;
3. carrying liability and other insurances;
4. meeting the standards of *Worker’s Compensation*;
5. ensuring home care service delivery standards are met;
6. ensuring federal, state, county & municipal legalities are researched and applied;
7. adhering to labor regulations;
8. developing contingency plans;
9. making deductions for social security, Medicare and other taxes;
10. conducting needs assessments, with client’s/family’s input;
11. developing service plans with client’s/family’s input;
12. consulting with relative professionals regarding the service plan (as required)
13. being part of, or coordinating, a health care team to provide for the client’s needs, as indicated;
14. establishing goals with client/client’s representative’s input and striving to meet these goals;
15. maintaining the client’s/family’s confidentiality, privacy and dignity;
16. maintaining professionalism and a code of ethics;
17. avoiding inflicting its personal values and standards onto clients;
18. being alert for and reporting signs of elder abuse;
19. ensuring employees obtain the necessary immunizations unless such an act is contrary to personal beliefs and/or medical conditions; and,
20. ensuring that employees are tested to determine the existence of infectious diseases such as Tuberculosis, Hepatitis etc.

This *Rights and Responsibilities* form has been reviewed with, and a copy given to, the named client/client’s representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client/Client’s Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency’s Representative & Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Part Five:**

**Order of complaints and grievances to be filed by Client:**

Passionate Compassionate Home Care’s complaint and procedure policy is as follows:

We will provide prompt and equitable resolution of complaints by clients or individuals other than the client. The comfort, safety, health and happiness of the Clients and Caregivers are very important to us. We hope that you will feel free to proceed to resolve problems. We will not discriminate or use any coercion or reprisal against you for voicing your complaint. A complaint may include violation of Clients Rights or a notification of verbal dissatisfaction that is not resolved after initial notification. Upon notification of resolved issue such a situation shall be logged by us as a complaint. The following steps should be taken for filing a written complaint resolved to your satisfaction:

1. A complaint should be in writing, contain the name address of the person filing it, and briefly describe the problem and the action or remedy requested. While we prefer it to be in writing, we will accept oral complaints.
2. A complaint should be forwarded or reported to your local office; PCHC, LLC.
3. The local owner or his/her designee, will conduct such investigation of a complaint as maybe appropriate to determine its validity and possible responses. These guidelines contemplate informal but thorough investigation, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. PASSIONATE COMPASSIONATE HOME CARE, LLC will issue a written proposed response addressing the complaint no later than 30 days after its reporting, unless circumstances require additional time.

Contact Passionate Compassionate Home Care, LLC if you are aware or suspect any form of abuse, neglect, misappropriation of property or discrimination on the basis of race, color, religion, gender, national origin, ancestry, marital, familial or veteran status, affectional, or sexual orientation, age, disability or any other legally protected class.

**ALL CLIENTS VALUABLE POSSESSIONS** such as jewelry, checkbooks, credit cards, family heirlooms, etc. must be kept under lock and key while Passionate Compassionate Home Care, LLC, caregivers are providing services to protect the valuable property of Passionate Compassionate Home Care Clients, Caregivers, and Company. If this right is violated, PCHC will not be held responsible for any lost or stolen valuables.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need additional information, have questions, or complaints about services please first contact your local office of PASSIONATE COMPASSIONATE HOME CARE, LLC which will promptly address your concerns. You may contact PCHC Director at 203. 331. 7228 or Office @ (888) 403-8884.

**HIPPA COMPLIANCE: CLIENT MEDICAL INFORMATION PRIVACY NOTICE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT NOTICE**

**COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU**

**MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS**

**TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided to you on behalf of:

**Passionate Compassionate Home Care, LLC**

For purposes of this Notice, we'll refer to this plan as “the Plan.”

***The Plan's Duty to Safeguard Your Protected Health Information.***

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you,

or payment for the health care is considered “Protected Health Information” (“PHI”). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may be of use or disclosed about your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any

material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, H. G. Lee, Director, 203.331.7228 or 888.403.8884.

or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Passionate Compassionate Home Care, LLC that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan.

Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

***How the Plan May Use and Disclose Your Protected Health Information.***

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

· **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

· **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

· **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services.

The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse's plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

· **Health care operations:** The Plan may use and disclose your PHI in the course of its “health care operations.” For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

· **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

· **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Passionate Compassionate Home Care, LLC) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan's provision of benefits.

· **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.

· **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.

· **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

· **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

· **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

· **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

· **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

· **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.

· **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about

the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

***Your Rights Regarding Your Protected Health Information.***

You have the following rights relating to your protected health information:

· **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

· **To choose how the Plan contacts you:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

· **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written

reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

· **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it

is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

· **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not

include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make

the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

***How to Complain about the Plan's Privacy Practices.***

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You

also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

***Contact Person for Information, or to Submit a Complaint*.**

If you have questions about this Notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Plan's Privacy Official (see

below).

***Privacy Official.***

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Hartence G. Lee, AS., BS., MHA, DHA, PCHC, LLC @ (203) 331-7228 or (888) 403-8884

Email: [lee@passionatecompassionatehomecare.net](mailto:lee@passionatecompassionatehomecare.net) or hartencehill@yahoo.com

Web: passionatecompassionatehomecare.net

***Organized Health Care Arrangement Designation.***

The Plan participates in what the federal privacy rules call an “Organized Health Care Arrangement.” The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are: Hartence G. Lee, Home Care Director, AS., BS., MHA, DHA

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Effective Date.***

The effective date of this Notice is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**MATCHING CLIENTS AND HOME CARE WORKERS**

**PURPOSE**

To ensure that clients and Home Care Workers are suitably matched.

**POLICY**

Passionate Compassionate Home Care, LLC endeavors to match a client with the Home Care Worker who is most suitable, in accordance with the Agency’s match selection criteria.

**PROCEDURES**

1. Supervisor shall review the:
2. client’s assessment, documentation, interview notes and other information; and,
3. Home Care Worker’s qualifications and strengths/weaknesses.
4. A match selection shall be determined, using the following criteria:
5. client’s needs, wishes and preferences;
6. Home Care Worker’s qualifications and preferences;
7. similar gender/ethnicity/language;
8. similar personalities;
9. common interests; and,
10. geographical proximity.
11. Supervisor shall place the greatest emphasis for selection on the client/client’s representative’s preferences, needs and wishes.
12. Supervisor shall assign the Home Care Worker, who is most suitable to meet the needs of the client.
13. Supervisor shall accompany the Home Care Worker on the first day of his/her assignment and shall introduce him/her to the client.
14. Supervisor shall contact the client within two weeks of a Home Care Worker being assigned and/or of services being implemented to determine his/her satisfaction with the Home Care Worker and/or the services.
15. If a client is dissatisfied with the assigned Home Care Worker, the Supervisor:
16. may attempt to rectify the reason for the dissatisfaction; or,
17. may assign a different Home Care Worker, who is more suitable to the client.

Supervisor shall make every attempt to send the same, suitable Home Care Worker(s) to the client

Hartence G. Lee, AS., BS., MHA, DHA, Home Care Director

**CLIENT COMPLAINT/ GRIEVANCE POLICY**

**PURPOSE**

To outline the complaint/grievance process to ensure:

1. The client/client’s representative/family are able to make a complaint;
2. the complaint is investigated promptly; and,
3. corrective actions are taken.

**POLICY**

Passionate Compassionate Home Care, LLC, in support of its belief that clients, who use its services, have the right to complain and make their views known without fear of reprisal, have an accessible, visible and direct process for filing and resolving complaints.

**PROCEDURES**

1. Individuals, who are dissatisfied or who have a grievance/complaint, have the right to bring the matter to the attention of the Agency and have it resolved to their satisfaction.
2. Employees, who suspect a client is dissatisfied about something, shall inform the Supervisor at the earliest opportunity.
3. Clients’ rights to receive services from the Agency shall not be affected by raising complaints, grievances, issues or disputes.
4. Complaints may be made either verbally or in writing by telephone, in person, by letter or other means.
5. All complaints shall be responded to prior to the next scheduled service visit or within two working days, whichever comes first.
6. All complaints/grievances shall be addressed immediately and steps shall be taken to resolve the issue, including:
   1. giving a verbal or written apology; and/or,
   2. changing a behavior, policy or practice.
7. When legal implications arise, the Agency shall inform clients of their right to make a complaint to the local law enforcement, to seek legal advice and/or to contact the *Equal Employment Opportunity Commission* (EEOC).
8. All complaints shall be handled in the strictest of confidence.
9. A record shall be kept of all complaints/grievances received in the Agency office, including details of the investigation and action(s) taken.
10. Complaints/grievances, which the Agency is requested to review, shall use the following process:
    1. The individual(s), wishing to make a complaint, shall be given the Agency’s *Complaint Grievance* form.
    2. The individual(s) making the complaint/grievance should speak with the staff member involved, at the earliest possible opportunity.
    3. If the complaint/grievance remains unresolved or the individual(s) making the complaint would prefer to speak with the Supervisor, the individual(s) making the complaint and/or the staff member involved may approach the Supervisor, who shall attempt to resolve the issue as quickly as possible.
    4. If the complaint/grievance still remains unresolved or the individual(s) making the complaint would prefer to speak with the Manager/Administrator, the individual(s) making the complaint and/or others involved should contact the Manager/Administrator.
    5. Manager/Administrator shall attempt to find the cause of the dissatisfaction and work with the individual(s) making the complaint to resolve the issue.
    6. If the complaint/grievance continues to remain unresolved, and is of a legal nature, the Manager/ Administrator shall remind the individual(s) making the complaint/grievance of their right to contact the local law enforcement, to seek legal advice and/or to contact the Equal Employment Opportunity Commission (EEOC).

**COMPLAINT/GRIEVANCE FORM**

# Complainant’s:

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Complaint/Grievance:

Specify the location of Complaint/Grievance (if applicable)

Specify what you think should be done to resolve the Complaint/Grievance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Complainant Date

**ACCEPTANCE OF CLIENTS**

**PURPOSE**

To outline the conditions and process for accepting individuals as clients of the Agency.

**POLICY**

Passionate Compassionate Home Care, LLC accepts/retains individuals as clients according to the following criteria:

1. The Agency must be qualified and/or licensed to provide the services required in a safe, efficient and responsible manner.
2. The Agency has a sufficient number of qualified personnel and resources to meet a prospective client’s requested/needed services.
3. The services requested/needed fall within the Agency’s scope of services.
4. The Agency may contract services out to qualified individuals and/or other agencies.
5. Clients must reside within the geographical area served by the Agency.
6. The client's home environment must be adequate for safe and effective care.
7. The Agency shall not refuse services to any individuals based on race, color, sex, age, race, marital status or national origin

**PROCEDURES**

1. In-home evaluations shall be conducted in a timely fashion following a request for service.
2. Supervisor shall evaluate a prospective client/client’s representative request for services prior to accepting an individual as a client.
3. The evaluation shall be comprehensive enough to determine the ability of the Agency to meet the requests and needs based on the Agency's overall service capability.
4. The identified needs/problems shall be reviewed with the client/client’s representative to determine the services required and the ability of the Agency to meet the prospective client’s requests/needs.
5. If the Agency can provide the services, the client shall be provided with all the necessary information/material in order to make an informed decision.
6. Supervisor shall document that the above information has been given to the client/client’s representative.
7. The client/client’s representative, after review, shall be given the opportunity to either accept or refuse services.
8. If a client is accepted for service, a *Service Plan* shall be developed jointly with the client/client’s representative and a written *Service Agreement* shall be signed by the client/client's representative and the Supervisor.
9. A copy of the *Service Plan* and the *Service Agreement* shall be given to the client and the originals shall be placed in the client’s record.
10. A referral, at the request of the client may be made, if the Agency cannot meet the needs of the client.

**PROVISION OF INFORMATION**

**PURPOSE**

To ensure that potential and/or existing clients/clients’ representatives are able to make informed decisions on the suitability of the Agency to meet their specific care needs.

**POLICY**

Passionate Compassionate Home Care, LLCensures that current and potential clients/ clients’ representatives have access to comprehensive information, which will enable them to make informed decisions on whether or not the Agency can meet their specific requests and needs.

**PROCEDURES**

Up-to-date information shall be provided verbally and/or in writing prior to initiation of services and shall include, but not be limited to, the following:

1. acceptance criteria;
2. types of services offered and their limitations;
3. process for developing the *Service Plan*;
4. terms and conditions as set out in the *Service Agreement;*
5. the Agency’s policies regarding Client’s Rights & Responsibilities, Confidentiality & Privacy, Complaints & Compliments, Gifts, Transportation and Management of Client’s Money/Property;
6. address and contact details for the office;
7. hours of operation and statutory holidays observed by the Agency;
8. details of license and insurance coverage;
9. relevant qualifications and experience of personnel;
10. the Agency’s responsibilities to manage all payroll and employee related matters and adhere to state and federal guidelines in its employment practices, such as
    1. withholding appropriate taxes,
    2. providing workers' compensation; and,
    3. other benefits.

**CLIENT CONFIDENTIALITY & PRIVACY**

**PURPOSE**

To ensure that potential and/or existing clients/clients’ representatives are able to make informed decisions on the suitability of the Agency to meet their specific care needs.

**POLICY**

Passionate Compassionate Home Care, LLCensures that current and potential clients/ clients’ representatives have access to comprehensive information, which will enable them to make informed decisions on whether or not the Agency can meet their specific requests and needs.

**PROCEDURES**

Up-to-date information shall be provided verbally and/or in writing prior to initiation of services and shall include, but not be limited to, the following:

1. acceptance criteria;
2. types of services offered and their limitations;
3. process for developing the *Service Plan*;
4. terms and conditions as set out in the *Service Agreement;*
5. the Agency’s policies regarding Client’s Rights & Responsibilities, Confidentiality & Privacy, Complaints & Compliments, Gifts, Transportation and Management of Client’s Money/Property;
6. address and contact details for the office;
7. hours of operation and statutory holidays observed by the Agency;
8. details of license and insurance coverage;
9. relevant qualifications and experience of personnel;
10. the Agency’s responsibilities to manage all payroll and employee related matters and adhere to state and federal guidelines in its employment practices, such as
    1. withholding appropriate taxes,
    2. providing workers' compensation; and,
    3. other benefits.

**ACCEPTANCE OF GIFTS**

**PURPOSE**

To provide guidelines on the Agency and/or employees accepting gifts from clients.

**POLICY**

Passionate Compassionate Home Care, LLCdiscourages the Agency and its employees from accepting gifts from clients but will, in some cases, permit the occasional acceptance if:

1. rejecting the gift will negatively affect the client; and,
2. providing the gift**:**
   1. is not made in cash;
   2. does not exceed $20 in value;
   3. is not given on a regular or frequent basis;
   4. is not given in an attempt to influence conduct or decision making; and,
   5. does not compromise, or appear to compromise, in any way the integrity of the Agency or the employee.

**PROCEDURES**

1. All gifts shall be considered on a case-by-case basis.
2. The *Acceptance of Gift* Policy shall be consistently applied.
3. Employees shall report any gift received to the Manager/Administrator or Supervisor, who will:
4. assess the circumstances in which it was made; and,
5. determine whether it shall be accepted or whether it shall be politely refused.
6. Manager/Administrator or Supervisor shall record receipt of the gift in:
7. a log, if the gift is made to the Agency; or,
8. the employee’s personnel file, if the gift is made to an individual employee.
9. Documentation of gifts received shall include, but not be limited to, the following:
10. name, address and phone number of client giving the gift;
11. name of employee, if gift is given to an individual employee;
12. statement advising gift was given to the Agency, if gift is made to the Agency;
13. date the gift is given;
14. description of the gift;
15. value of the gift, if known; otherwise, assign an approximate value to the gift;
16. circumstances in which gift was made; and,
17. whether gift was accepted or returned to client.

**TRANSPORTING CLIENTS IN PRIVATE VEHICLES**

**PURPOSE**

To outline procedures for transporting clients in a private/personal vehicles and client-owned vehicles.

**POLICY**

Passionate Compassionate Home Care, LLC permits its employees to transport clients in private/personal vehicles and client-owned vehicles providing transportation services are specified in the *Service Plan* and providing specific criteria are met.

**PROCEDURES**

1. Prior to transporting clients, employees shall undergo a driving record check and must demonstrate they have had a clean driving record for the last three years.
2. Employees, who will be assigned transportation duties, shall either have their own vehicle or have access to a reliable, insured vehicle.
3. Employees shall have a valid driver’s license and carry adequate/appropriate vehicle insurance, including full comprehensive and liability insurance.
4. Employees, using private/personal vehicles for transporting clients, shall use them at their own risk and shall be liable for all insurance and other costs, including damage, associated with such usage.
5. Passionate Compassionate Home Care, LLC’s policy is that all clients must sign a waiver to release the Home Care Worker and/or the Agency from any liability in the event of an accident. In the event of an accident Passionate Compassionate Home Care, LLC and the Home Care Worker waive the right to be released from any liability that might occur.
6. Employees shall make sure their insurance company knows they are using a private/ personal vehicle for transporting clients.
7. A copy of an employee’s current and appropriate/adequate vehicle insurance shall be kept in the employee’s file and shall be updated annually.
8. The safety equipment in any private/personal vehicle used for client transportation shall be in good operating condition. e.g. blinkers, lights, brakes, back-up lights, seat belts and tires.
9. Clients, who receive transportation services from an employee, who uses a personal/ private vehicle, shall be charged a mileage rate, as determined by the Agency
10. Employees, who are asked to drive a client/client’s/representatives/other individual’s vehicle, shall request to see proof of valid vehicle insurance before they drive the vehicle.
11. Employees shall only drive clients’ vehicles if the safety equipment is in good operating condition.
12. Employees, who transport clients, shall ensure a copy of the client’s health insurance information is in the transporting vehicle, in case of an emergency.
13. Should employees be involved in a motor vehicle accident, in the course of their duties, they shall report the accident to the Agency office as soon as possible.
14. Employees shall follow the stipulations provided in the Agency’s policy on *Privately-Owned and Agency Vehicles.*

**MANAGING CLIENT’S FINANCES /PROPERTY.**

**PURPOSE**

1. To ensure clients’ finances and property are properly safeguarded, documented and accounted for;
2. to protect clients and employees; and,
3. in the case of misuse, to provide direction in the investigation and reporting of alleged misuse.

**POLICY**

Passionate Compassionate Home Care, LLChas established criteria and procedures for handling and recording clients’ financial transactions and for managing clients’ property.

**PROCEDURES**

1. Financial transactions, conducted on behalf of clients, may include:
2. assisting with household budgeting;
3. payment of bills;
4. collection of pensions or other cash benefits; and,
5. purchasing household goods.
6. Employees shall not have access to clients’ bank accounts, credit cards or other financial information.
7. Wherever possible, clients shall be allowed/encouraged to handle their own finances/property.
8. When clients are not able to handle their own finances/property, a relative, friend or responsible person should be appointed to do so, preferably by the client.
9. Only when there are no other alternatives, and all other options have been reviewed, shall the Agency be involved in handling finances/property.
10. Employees shall handle clients’ finances/property only when these activities have been specified in their *Service Plan*.
11. Employees shall never be permitted to know clients’ account numbers or pin numbers.
12. If employees become aware that a client is keeping a large amount of cash at home, they shall report the details to the Supervisor.
13. Employees may pick up a mentally capable client’s monies, including pension checks and personal checks etc. from external mail sources such as off-site postal boxes or post offices only when the activity is specified in the *Service Plan*. In these situations, Supervisor shall give authorization and document this approval in the client’s file.
14. Employees shall never pick up a mentally incapable client’s off-site mail.
15. Employees shall pay clients’ bills only when the activity is specified in the *Service* *Plan*.
16. Employees shall deliver monies and/or checks to the client as soon as possible after the transactions have been completed. Employee shall never take monies/checks to their own homes or keep them in their possession overnight.
17. When shopping for clients, employees shall:
18. obtain client’s input regarding which store(s) to shop at;
19. consult with the client regarding items to purchase, sizes, brand names, amounts, etc.
20. consider the client’s dietary needs, religious restrictions, cultural preferences and item cost (to ensure value for money);
21. request receipts for all transactions, which shall be given to the client;
22. confirm that monies and receipts are correct before leaving the cashier;
23. keep client’s money separate from their own;
24. not shop simultaneously for other clients or for themselves, when shopping for one client. However, employees may complete the shopping for one client and then shop for another client before delivering purchases to clients. Each client’s money shall be kept separate from the others. And,
25. not use their own bonus card to collect points on items the client has paid for, even if the client does not have or does not use a bonus card.
26. Employees shall utilize the Agency’s *Financial* *Transactions Record* for recording financial details and obtaining the client/client’s representative’s signature once the transaction has been documented and the unspent monies have been given to him/her.
27. Receipts or documentation of all transactions and purchases paid with the clients’ funds must be recorded on the Agency’s *Financial Transactions Record,* which shall include:
28. client’s name;
29. employee’s name;
30. date;
31. amount of money employee received from the client.  The amount should be counted out and confirmed with the client. Where practical, the client should confirm his/her agreement with a signature.
32. list of items purchased or money collected;
33. total amount spent or total amount collected;
34. change given back to the client. Employee shall count out the amount being returned and confirm it with the client. Where practical, the client should confirm his/her agreement with a signature.
35. *Financial Transaction Records* shall be kept in the client’s home and taken to the Agency, when completed, where they will be retained for the mandatory period of time.
36. Employees may obtain cash amounts for clients up to and including $500. Any requests for amounts in excess of $500 shall be authorized by the Supervisor.
37. Employees shall not simultaneously obtain cash for themselves when obtaining cash for clients.
38. Employees shall not use a client’s telephone for personal reasons except for emergency purposes or for calling the Supervisor.
39. Employees shall not assume responsibility for looking after clients’ valuable items.
40. Employees shall not eat the client’s food and/or drink their beverages.
41. In respect to computers, employees shall not:
42. use the client’s computer for personal reasons;
43. attempt to solve problems with the client’s computer; and/or,
44. give directions to the client on how to solve computer problems.
45. Employees shall never borrow anything or lend anything to a client.
46. Employees shall never buy anything or sell anything to a client.
47. Employees shall never incur a liability on behalf of a client (e.g. borrow money to give to a client or charge an item for the client to the employee’s credit card/ debit card, etc.
48. Employees shall never involve clients in gambling activities such as giving opinions on, or purchasing tickets for, lotteries, betting pools, etc.
49. Employees shall never arrange for members of their own families to do paid work for clients.
50. Employees shall be diligent when handling clients’ finances/property. Failure to do so may result in disciplinary action and/or notification of law authorities.

**SEXUAL HARASSMENT**

**PURPOSE**

To take reasonable measures to prevent incidents of sexual harassment in the workplace and to deal promptly and fairly with any reports of sexual harassment in a confidential and discreet manner.

**POLICY**

Passionate Compassionate Home Care, LLC is committed to protecting the welfare of its employees/clients/families by providing employees with a set of guidelines to prevent sexual harassment.

**DEFINITIONS**

1. Sexual Harassment

Sexual harassment is any unwelcome sexual advance(s), request(s) for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
2. submission to or rejection of such conduct by an individual is used to determine employment decisions affecting such individual;
3. such conduct interferes with an individual’s work performance; and/or,
4. such conduct creates an intimidating, hostile or offensive working environment.
5. Consensual Relationship

A consensual relationship is one in which two people are engaged, by mutual consent, in an emotionally (romantic) and physically (sexually) intimate relationship.

**PROCEDURES**

1. If the sexual harassment is perceived to be of a criminal nature, it shall be reported to the relevant jurisdictional authorities or to the police.
2. The Agency shall apply this policy to the in-home job site, office job-site and other sites.
3. The policy shall apply to sexual harassment by Agency personnel at all levels and clients/families.
4. Actions that the Agency shall consider to be sexual harassment include, but are not limited to:
5. sexiest jokes or comments that are insulting, demeaning or derogatory toward a person because of sex, which are obviously offensive or which continue after the offended person(s) have advised the speaker they are find the remarks offensive;
6. persistent, unwanted attention or requests of a sexual nature after a consensual relationship has ended;
7. demands for sexual favors in exchange for employment advantages, promises employment advantages or withdrawal of employment advantages;
8. unwanted comments about a person’s body, sexuality, sexual orientation or sexual conduct;
9. sexually suggestive or obscene gestures;
10. displays of sexually suggestive material such as posters, printed material or objects;
11. unwanted flirtations, sexual propositions or advances; and/or,
12. unwanted touching, pinching or fondling.
13. sexiest jokes or comments that are insulting, demeaning or derogatory toward a person because of sex, which are obviously offensive or which continue after the offended person(s) have advised the speaker they are find the remarks offensive;
14. persistent, unwanted attention or requests of a sexual nature after a consensual relationship has ended;
15. demands for sexual favors in exchange for employment advantages, promises employment advantages or withdrawal of employment advantages;
16. unwanted comments about a person’s body, sexuality, sexual orientation or sexual conduct;
17. sexually suggestive or obscene gestures;
18. displays of sexually suggestive material such as posters, printed material or objects;
19. unwanted flirtations, sexual propositions or advances; and/or,
20. unwanted touching, pinching or fondling.
21. Any person(s), including clients/families, who have been harassed by an employee, in the course of their employment with the Agency, may initiate a complaint.
22. Both direct methods and indirect methods of behavior, such as telephone calls or written text, are covered by this policy.
23. Complainants shall report any sexual harassment as soon as possible after it occurs.
24. Complaints should be made in writing, signed and given to the Supervisor, who shall consult with the Manager/Administrator. After discussion with the complainant:
    1. the Manager/Administrator shall give an opinion on whether or not the incident suggests sexual harassment;
    2. regardless of the advisor’s opinion, the complainant may proceed with a formal complaint. When the facts suggest sexual harassment, but the complainant does not wish to pursue the matter:
    3. the Manager/Administrator may still proceed with the investigation; or,,
    4. the Manager/Administrator may take into account the wishes of the complainant. If the complainant wants to resolve the problem informally, then the Manager/Administrator may meet with the alleged harasser to facilitate a mutually agreeable solution.
    5. when a formal complaint is made:
25. the investigation will be conducted in a confidential and discreet manner;
26. the compliant will be kept informed at all phases of the investigation and resolution; and,
27. the alleged harasser and/or complainant may have legal counsel as their representative.
28. When investigating a complaint of sexual harassment:
    1. the alleged harasser shall be given a copy of the written complaint;
    2. the alleged harasser will be provided with a disclosure of the nature of the complaint and shall be given an opportunity to respond;
    3. witnesses will be interviewed to obtain evidence that is relevant to the complaint;
    4. the investigation findings shall be reviewed by with the complainant and the alleged harasser, with additional information being obtained, as indicated; and,
    5. the complainant will be asked what outcome he/she would like to see;
29. Both the complainant and the alleged harasser shall be informed of the findings and intended sanctions as soon as the investigation is complete.
    1. If it is determined that no sexual harassment occurred, the findings will be communicated to the complainant.
    2. If it is determined that sexual harassment has occurred, the harasser will be subject to discipline.
30. Discipline, regardless of position in the Agency, may consist of one or a combination of the following:
    1. a written apology;
    2. referral or counseling;
    3. a reprimand and written report to the employee’s file;
    4. reassignment;
    5. suspension; and/or,
    6. discharge from the Agency.
31. If the investigation reveals that that complainant falsely accused another of sexual harassment, the complainant will be appropriately disciplined and the documentation will be kept in his/her personnel file.
32. If retaliation is used against a complainant who reports an incident of sexual harassment, appropriate disciplinary action shall be taken again the retaliator.
33. The Agency shall maintain a written record of each complaint of sexual harassment, how it was investigated and how it was resolved.

**GUIDELINES**

1. The Agency shall develop a complaints procedure that will be confidential and discreet to the greatest extent possible.
2. The Agency will maintain a record of all reports of sexual harassment, the procedure(s) taken to deal with each incident and the sanction imposed.
3. Records will be kept under lock in the Agency Office and will only be accessible by current advisors and/or investigators of the complaint(s).
4. The Agency shall impose an appropriate sanction for every substantiated charge of sexual harassment, regardless of the status of the offender in the company.
5. Retaliation against victims of harassment advisors or investigators will not be tolerated.
6. Complainants will be notified promptly of the resolution of the complaint.
7. All employees shall receive training on sexual harassment.
8. A record of training shall be kept for all employees and shall include:
   1. dates when training was given;
   2. summary on what training was given;
   3. names and credentials of person(s) providing the training; and,
   4. names and positions of people attending the training sessions.

Records are to be maintained for 3 years from the date of training.

**FEE FOR SERVICES AND RATES**

|  |  |  |
| --- | --- | --- |
| **SERVICE** | **HOURS** | **FEE FOR SERVICES** |
| **24 HOUR LIVE-IN CARE** | **24 HOURS** | **$295 -$300 / day** |
| **PERSONAL CARE** | **4, 6, 8, 12- hour shifts** | **$30.50 - $35.00 / hr** |
| **HOMEMAKER** | **4 hours minum** | **$30.00 / hr** |
| **COMPANION/SITTER** | **4 hours minum** | **$30.00 / hr** |
| **INTERMITTENT CHORES** | **4, 8 minum** | **$45. 00 / hr** |
| **RESPITE** | **All-Day / Overnight / 24 hour minum** | **$250.00 / day** |
| **ASSISSTANCE TRANSPORTING CLIENT’S PERSONAL BELONGINGS FROM HOME TO HOSPITAL VICE VERSA** | **4, 6, 8 minum** | **$30.00 / hr** |
| **HOUSECLEANING TECHNICIANS** | **4, 6, 8 minimum (depending on size of the house)** | **$50.00 / hr** |
| **FRIENDLY REASSURANCE** | **2, 4 minimum (phone call or home visit)** | **$25.00 / hr** |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Position** | **Contact Information** |
| **Hartence G. Lee** | **AS., BS., MHA, DHA, HOME CARE DIRECTOR/ ADMINISTRATOR**  **Connecticut State Registration #: HCA0000627** | **Direct Number: (203) 331-7228 or Office Number (888)403 -8884**  **Email:** [**hartencehill@yahoo.com**](mailto:hartencehill@yahoo.com) **or PCHC, LLC, Email:** [**lee@passionatecompassionatehomecare.net**](mailto:lee@passionatecompassionatehomecare.net)  **Website:passionatecompassionatehomecare.net**  **Hours of Operation: Monday Through Friday 9:00 a. m. to 5:00 p. m.** |



**CLIENT COPY**

***“Leave the Caring to Us”***



***“Home Care You Can Trust”***