

WORKBOOK

FOR SELF DIRECTING

**PRACTICAL FORMS, EXAMPLES AND CHECKLISTS
TO HELP GUIDE YOU IN SELF DIRECTING**

Part II of the Guide to Self Directing

**Georgia Council on Developmental Disabilities
2011**

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JOB RELATED FORMS AND EXAMPLES

- A. Job Description Outline
- B. Job Description Example
- C. Sample Ad / Sample Flyer
- D. Job Application Form
- E. Reference Check Form
- F. Interview Questions
- G. Desirable Qualities / Characteristics
- H. House Rules
- I. Hiring Check List

JOB DESCRIPTION OUTLINE

Job Title:

Supervised by:

Job Summary:

Work Schedule:

Wages:

Total Hours Weekly:

Benefits:

Qualifications:

Duties / Responsibilities:

Working Conditions:

Reliability:

End of Services:

**This job description is subject to review or revision on an annual basis
or when a change in job duties is required.**

I have received a copy of the job description for my records.
I have read the entire job description and understand my responsibilities.
I understand that this constitutes an agreement between the employer and myself, and does not
guarantee employment.

Signature of the support worker

Date

Signature of the employer

Date

JOB DESCRIPTION EXAMPLE

Job Title: Personal Assistant

Supervised by: Jane Doe

Job Summary: To assist a woman with a disability throughout her daily and evening activities and routines

Work Schedule: Monday-Friday 7:00-9:00 a.m. and 9:00-11:00 p.m.
Note: The employee must work exactly the hours that are listed above. Any additional hours will not be paid. Changes in scheduled hours may be negotiated between the employer and the employee.

Wages: Wages for this position are \$9.50 per hour

Total Hours Weekly: 20 hours

Benefits: To be determined

Qualifications: A person with a sense of humor, and someone who is a night person, punctual, female, non-smoker, and who likes pets. Must be a licensed driver in the state of Georgia and have reliable transportation. CPR and First Aid Certified.

Duties / Responsibilities: Assist with bathing, dressing, and transferring.
Assist with meal preparation, serving meals.
Assist with grocery shopping.
Assist with physical exercise program.
Accompany me to the movies, ball games, and other social events.

Working Conditions: The employee will work in the employer's home, but may need to do Tasks in other settings such as social activities, stores, and appointments

Reliability: If the employee is going to be late or absent, a phone call is expected With notice. The employee is expected to use time wisely so the service Is done in the allotted time.

End of Services: The employee agrees to give at least a two-week notice prior to resigning from this position.

**This job description is subject to review or revision on an annual basis
or when a change in job duties is required.**

I have received a copy of the job description for my records.
I have read the entire job description and understand my responsibilities.
I understand that this constitutes an agreement between the employer and myself, and does not guarantee employment.

Signature of the support worker

Date

Signature of the employer

Date

Excerpt from Your Life Your Way, by the Florida Developmental Disabilities Council, Inc.

SAMPLE ADS/ SAMPLE FLYER

Personal Care Assistant

Part-time assistant needed for woman with a disability

7-9 a.m. and 8-10 p.m.

Non-smoker, \$8-\$12 / hour
Call (404) XXX-XXXX after 6 p.m.

Behavioral Tech Needed

Young man with autism needs help with personal care 6 hours a day.
Must be familiar with Spanish Language.

Call after 6 p.m.
(404) XXX-XXXX

Personal Care Assistant Needed
\$10 per hour



I am looking for a dependable and compassionate personal care assistant. I have a disability and require total assistance with personal care. Position includes bathing, dressing, meal preparation, eating, light housekeeping, and community engagement supports. Lift system is available, but person must demonstrate the ability to lift 75 pounds. Reliable transportation, valid driver's license, and English language required.

Call for Interview: 404- XXX-XXXX

Excerpt from Your Life Your Way, by the Florida Developmental Disabilities Council, Inc.

JOB APPLICATION

Application for Employment

Personal Information

Date: _____

Name _____
Last
First
Middle

Address _____

Phone Number _____ Social Security # _____

Position _____ Date you can start _____ Wage desired _____

Employment Eligibility: To be employed with the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include, but not limited to, United States citizenship or authorization to work in this country, and no felony convictions.

Please answer the following questions:

- Are you employed now? _____ Yes _____ No
- Are you 18 years of age or older? _____ Yes _____ No
- Have you ever been convicted of a felony? _____ Yes _____ No
- Are you a United States citizen? _____ Yes _____ No
- Are you an alien authorized to work in the US? _____ Yes _____ No

Education

High School Graduate or equivalent (GED) ? _____ Yes _____ No

Vocational Business School? _____ Yes _____ No
 If yes, Field of Study _____ # of months _____ Completion Date _____

College? _____ Graduate? _____ Yes _____ No
 If yes, Degree _____ Date Degree completed: _____

Former Employers

From	To	Name	Address	Position	Reason for leaving

Name: _____

JOB APPLICATION

Application for Employment

Georgia Licenses and Certifications:

Type of License / Certificate

Current Valid Drivers License	_____ Yes	_____ No
CPR Training Certificate	_____ Yes	_____ No
If yes, expiration date (mo/yr)	_____	
Basic First Aid Training Certificate	_____ Yes	_____ No
If yes, expiration date (mo/yr)	_____	
Nurse Aide Certification	_____ Yes	_____ No
If yes, expiration date (mo/yr)	_____	

You must provide a copy of your current CPR Card and Basic First Aid Care to your employer

References

Name	Phone Number	Relationship

Briefly list reasons you should be considered for this job:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Signature _____ **Date** _____

Name: _____

Reference Check Form

Mail-In or E-Mail Reference Form

_____ **Insert the Date**

Dear _____,
Insert name of the reference

_____ applied for a position with me as a _____.
Insert name of the applicant **Insert the job title**

This will involve the following: _____
Write down the tasks the person will be doing for you here

Please answer the following questions:

1. When did the applicant work for you? _____
2. What were his or her job title and duties? _____
3. What can you tell me about his or her job performance? _____

4. Was he or she on time to work? Were there any problems with him or her not showing up or taking too much time off? _____
5. Do you consider him or her an honest person? _____
6. How well did he or she accept supervision and criticism? _____
7. Would you recommend him or her for this job? Why or why not? _____
8. Would you re-hire this person? _____

Signature of person providing information **Date**

Please mail this completed form to:

Name: _____

Address: _____

Excerpt from Your Life Your Way, by the Florida Developmental Disabilities Council, Inc.

Reference Check Questions

Sample Employer Reference Check Questions

1. How long did _____ work for you?
2. How dependable was _____?
3. How was _____'s attendance?
4. Did _____ get along with other people at work?
5. How well did _____ work independently?
6. Why did _____ leave?
7. Would you recommend _____ for the job?

Same Personal Reference Check Questions

1. How long have you known _____?
2. What is your relationship with _____?
3. Are there any positive or negative things about _____ that I should know before I hire him or her?
4. In your opinion, is _____ honest?
5. Would you want _____ to work for you in my situation?

INTERVIEW QUESTIONS AND DESIRABLE QUALITIES/CHARACTERISTICS

SAMPLE INTERVIEW QUESTIONS TO CHOOSE FROM:

1. Tell me a little about yourself.
2. What is your experience in working with people who have disabilities?
3. Why are you interested in this position?
4. Are you looking for temporary or permanent work?
5. What other jobs have you had?
6. What did you like or dislike about those jobs?
7. Why did you leave those jobs?
8. Have you had a chance to look over the job description? Are there any tasks on there that make you uncomfortable? Why?
9. What hours and days are you available?
10. Do you prefer a job that is very structured or one that is more flexible?
11. Do you have a valid driver's license?
12. How would you get to work?
13. What are 3 positive qualities that you have that you think would be important for this job?
14. How did you find out about this position?
15. What seems most challenging about this job to you?

DESIRABLE QUALITIES / CHARACTERISTICS

- * Trustworthy
- * Honest
- * Sense of Humor
- * Positive Attitude
- * Dependable
- * Punctual
- * Follows Directions
- * Good Communicator
- * Patient
- * Flexible
- * Sensitive to your feelings
- * Good listener
- * Respectful

Excerpts and Input from Your Life Your Way, by Florida Developmental Disabilities Council, Inc. and Institute on Human Development and Disability Community Guide Curriculum

HOUSE RULES

You should develop a set of house rules to share with your support workers. Have them sign a statement that says, "I have read the hours rules and I understand them." Here is a same list of house rules that you might consider.

On time and ready to work. You are expected to arrive at my home and be prepared to work at least by the time the shift begins.

Absences. You are expected to come to work when you are scheduled to work. Not coming to work and not calling me to make arrangements more than once can result in termination. Too many absences may be grounds for termination.

Tardiness. If you are going to be more than 15 minutes late getting to my home, you need to call and let me know. The time you write on the timesheet must be the actual time you worked. Being tardy without calling me or being tardy too many times may be grounds for termination.

Illness. If you are ill the day you are scheduled to work, you must notify me immediately. As the employer, I may contact you to cover another staff person's shift if he or she is ill.

Trading shifts. It is not acceptable to trade shifts. This should only be handled by the employer who is tracking the number of hours worked by each employee. If you know another staff person is available and willing to cover the time period, you can share this information with the employer.

Dress code. You should be dressed so you can do the tasks assigned to you. This means that you should wear comfortable clothing and shoes. You should not wear torn shirts or shirts with improper images. Pants should fit properly and not hang down or be too baggy or tight. Shorts and skirts should not be too short.

Cleanliness. You should be clean and smell clean. You should wear hair in a way that it will not interfere with your duties. You may not wear perfume or cologne.

Alcohol and drugs. Drinking alcohol or taking illegal drugs is not permitted in my home. Showing up for work drunk or high is not permitted. Drinking alcohol, taking illegal drugs, and showing up for work intoxicated from alcohol or drugs are grounds for termination.

Criminal activity. Any criminal activity is not permitted in my home. Any involvement in criminal activity is grounds for termination of employment

Time logs. Each worker signs in on each shift and signs out at the end of each shift. You should sign in and out in front of me. Be aware that the state of Georgia and Medicaid can charge a service provider with fraud if the agency or individual charges for work that was not completed.

Record daily activities. You must record daily activities in the daily activities notebook. Please keep timesheets in the notebook.

HOUSE RULES (continued)

Daily activities notebook. Keep notebooks positive and objective, and do not include negative comments concerning me or other staff. Notebooks need to be restricted to information necessary for consistent support.

Behavior.

- * Staff should not talk about each other in front of me.
- * If I express a concern about another staff, please tell me to speak with the person involved, my support coordinator, or a family member.
- * If you have a concern about another staff, please address your concerns to me in an objective manner, remaining as positive as possible.
- * Please avoid gossiping or complaining about other staff.
- * Please address your concerns to me, not to other staff.

Smoking. Smoking is not permitted in my home or in my car. You may smoke outside. Please dispose of your cigarette butts in the can outside the door.

Meals. Meals are not provided. If you would like to bring your dinner, you may keep it in the refrigerator and warm it in the microwave or oven. I can provide water to drink. If you prefer something else to drink, please bring it with you. Please take any food with you that belongs to you at the end of your shift. You are responsible for clean-up.

Using my phone. You must ask me for permission before using my phone for personal calls. You may receive personal calls in the case of an emergency. You cannot accept phone calls while performing your duties. Absolutely no long-distance calls can be made on my phone. Making long distance phone calls on my phone is grounds for termination.

Using my personal property. You may not use any of my personal property for your personal use (example: washer and dryer, CD player, stereo, computer, phone, and car). That is grounds for termination.

Using computers. You may not use my computer for your personal use. You are not allowed to bring your personal computer to work. You are here to work for me, and I expect your individual attention.

Using your personal phone. You cannot use your cell phone during your work time unless there is an emergency.

Borrowing money. You are not to ask to borrow money from me. That is grounds for termination. You should not loan me money or have me write checks to you if you buy something for me. If you are buying something at the store for me, it is best to have me write a check to the store. Any checks on my account written to my staff can be suspected of fraud.

Entertainment expenses. You decide if you want to pay for staff's admission fees for community activities.

HOUSE RULES (continued)

Friends and family. You should not bring friends, boyfriends, girlfriends, spouses, significant others, or family members to work. You are here to work for me, and I expect your individual attention.

Children. Your child (ren) may accompany you to work only under the following conditions: (a) you have no options for day care, (b) you have notified me prior to bringing them, and (c) if they become a problem, you must make other arrangements immediately or contact another staff person to work your hours.

Payments for gas. I do not pay for gas. If you work for an agency service provider, the agency will pay you for mileage. If you are an independent service provider, you can keep track of your mileage and use it for a tax deduction at the end of the year.

Confidentiality. All issues related to me are to be handled in a confidential manner. Do not discuss my affairs with anyone without my consent. Staff may share with each other only that information needed to carry out their duties and training activities on a need-to-know basis. Breaking confidentiality may be grounds for termination.

I have read the House Rules and agree to follow them.

(Print) Employee's Name

Employee's Signature

Date

HIRING CHECK LIST

Document:	Obtained:
1 Pre-employment Screening	
2 Applications for Employment	
3 Copy of Social Security Card,	
4 Copy of Driver License	
5 First Aid and CPR Certification	
6 Certifications, Licenses, or Records of Specialized Training	
7 School Transcripts	
8 W-4	
9 G-4 Tax Forms	
10 I-9	
11 Pay Selection Option for Employee	
12 Background Check	
13 References	
14 House Rules	
15 Wage Agreement Form	
16 Confidentiality Agreements	
17 Employee Handbooks	

EMPLOYEE FILES

- A. Training Log
- B. Confidentiality
- C. Evaluation of Performance
- D. Employee File Checklist

TRAINING LOG

Staff Training

Name: _____ Hire Date: _____
 Position: _____
 Family Representative _____
 Person being supported _____

Subject	Trainer	Date Completed	Date Expires	Hours
First Aid				
CPR				
Documentation Service Notebook				
ISP Goals				
Confidentiality				
Operating lift van				
Lifting and Transferring				
Completing Timesheets				

Staff's Duty to Report Problems and Concerns. It is the duty of all employees to report to their immediate supervisors, any problems or concerns, as well as the progress of the individual.

Staff's Duty to Report Exposure to any disease. Any staff member who is aware that he or she has been exposed to tuberculosis or hepatitis, must immediately cease all personal contact with all consumers, and notify the Family Representative immediately. Public Health Department Guidelines will be followed to determine when an employee may return to work and who else needs to be notified.

Staff's Signature: _____ Date: _____

CONFIDENTIALITY

Health and educational information is protected by law. Confidentiality is a serious matter.

We want to respect the PRIVACY of people we are supporting.

We want to build TRUST with the person, their family, and the community.

We are trying to BUILD RELATIONSHIPS.

What does CONFIDENTIALITY mean?

- * Containing information, the unauthorized disclosure of which can pose a threat or harm to another.

- * Entrusted with the confidence of another, indicating confidence and intimacy.

It may seem harmless, but what people share with you is THEIR business so unless there is DANGER in not sharing, you should keep information to yourself.

If you are unsure what should be kept quiet, you should always error on the side of caution. When people share confidences with you, it is a sign of trust and respect. It is easier to lose trust than it is to gain it.

Think while you are Listening....Is this information:

- Something I need to know?
- Something I need to share?
- Making me uncomfortable?
- Something I have permission to know?
- Something I need to say?
- Something I need to tell?
- Something I have permission to share with others?

EVALUATION OF PERFORMANCE

Evaluation Form

Date: _____

Use the following rating scale from 1 to 5 to rate the employee's work performance.

1. Attendance	1	2	3	4	5
	poor		average		superior
Follows work schedule					
Reports to work on time					
Has no excessive absences					
Gives appropriate notice for absences					
2. Performance	1	2	3	4	5
	poor		average		superior
Knows job					
Follows instructions					
Works with minimal supervision					
Performs job duties well					
3. Behavior	1	2	3	4	5
	poor		average		superior
Is trustworthy					
Is open to suggestions					
Communicates well					
Has a positive attitude					
Is willing to learn					

4. In what areas does the employee need more training?
5. What changes does the employee need to make in work, attitude, or behavior?
6. What changes do we need to make to improve our working relationship?
7. List any ideas or concerns the employee wants to talk about.

Comments:

Date of next evaluation: _____

Employee's Signature

Date

Employer's Signature

EMPLOYEE FILES CHECKLIST

You should have an employee file for each of your employees. Personnel Files are considered confidential; access to the information should be limited to the employee, employer, employee's legal representative, and auditing agencies. This file should contain information and all paperwork required By the financial support services provider such as:

- _____ Completed Job Application
- _____ Their Resume
- _____ Reference Checks
- _____ Copy of Social Security Card
- _____ Copy of Driver's License
- _____ Training Log
- _____ House Rules - Signed off on
- _____ Criminal Background Check
- _____ Performance Evaluations
- _____ Any Disciplinary Actions
- _____ Copy of the Job Description
- _____ Copies of Time sheets
- _____ I-9 Form
- _____ W-2 Form

SERVICE DELIVERY

- A. Service Delivery Log
- B. Progress Note
- C. Tracking Sheet
- D. Calendar
- E. Weekly Schedule
- F. Individual Service Plan Goals
- G. Communication Log
- H. Monthly Checklists

SERVICE DELIVERY LOG

Service Delivery Record

Consumer (client) name: _____

Address: _____

Medicaid Number: _____

MHID Number: _____

Month/Year: _____ / _____

Day	Time In/Out-Staff Initials
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

By my daily initials I certify that the above named consumer/client was served: _____

<u>Initials:</u>	<u>Signature:</u>	<u>Print Name:</u>	<u>Title:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROGRESS NOTES

PROGRESS NOTES

CONSUMER NAME: _____

PRINT:

STAFF NAME _____ CREDENTIALS _____ TITLE _____ INITIALS: _____
STAFF NAME _____ CREDENTIALS/ _____ TITLE _____ INITIALS: _____

Date & Time	ISP GOAL #	NOTES - Each entry must be dated and signed with name and position. (Initials may be used by staff listing name & title on each sheet)

TRACKING SHEET

NAME: _____

CODE: I-Independent

V-Verbal Cue

Beginning Date: _____

F-Full Guidance

G-Gesture

ISP Start Date: _____

P-Partial Guidance

R- Refused

ISP Meeting Date: _____

N-Not worked on

H-Home Visit

DESIRED OUTCOME:

Goal:

Objective

Date	M	T	W	T	F	S	S	Comments
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	

Staff Signature and Initials: _____

TRACKING SHEET EXAMPLE

NAME: Brandon CODE: I-Independent V-Verbal Cue
 F-Full Guidance G-Gesture
 Beg. Date: 11/27/08 P-Partial Guidance R-Refused
 N-Not worked on H-Home Visit
 ISP Start Date: 11/27/08 ISP Meeting Date: 10/20/08

DESIRED OUTCOME:

Goal (E) Brandon will demonstrate independent living skills.
 1. Brandon will make a shopping list of personal items assisted as needed by personal support aides. Goal will be met when Brandon makes purchases independently for 6 months.

1x monthly

Date	M	T	W	T	F	S	S	Comments
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	

2. Brandon will choose appropriate clothes daily for activity chosen, assisted by personal support aide. Goal will be met when Brandon independently choose appropriate clothes daily for 12 months

5 x weekly/

Date	M	T	W	T	F	S	S	Comments
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	
	/	/	/	/	/	/	/	

Staff Signature and Initials: _____

CALENDARS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Monthly Calendars are a good way to have the big picture look at your schedule. You can color code each staff member’s name, hours, and the service that they delivered. You can also mark down key dates, like “time sheets due.”

One parent gave the tip that she keeps the monthly schedule on their refrigerator so that everyone can see it and have a reminder.

WEEKLY TRACKING SCHEDULES

Monthly Tracking & Data

NAME: _____

Prompt: I-Independent V-Verbal Cue

F-Full Guidance M-Modeled

Beg. Date: _____

P-Partial Guidance G-Gesture

N-Not Worked On R-Refused

ISP Start Date: _____ ISP Meeting Date: _____

RP-Role Play

Goal (A) _____ will demonstrate appropriate social skills in all environments.

1. _____ will participate in group discussions about social skills (interpreting people facial expressions, spitting frequently, and respecting other people speech patterns/words) instructions and role play by personal support aides. Goal will be met when _____ decreases spitting frequency to 4x per hour daily for 6 consecutive months. **(3x weekly)**

Date	M	T	W	TH	F	S	S
Total							

Monthly Total of Prompts:

I- ____ V- ____ F- ____ G- ____ P- ____

R- ____ N- ____ M- ____ RP- ____

Comment:

Staff Signature and Initials: _____ / _____

Staff Signature and Initials: _____ / _____

INDIVIDUAL SERVICE PLAN GOALS AND OBJECTIVES

Goals and objectives should be written so that they are measurable. It is important to have a goal for each of the services that the person is receiving. Some sample goals that were shared by different families include the following:

Community Access Individual:

Mary Anne will participate in recreational activities of her choice 1x per month.

Community Living:

With physical assistance from staff, Mary Anne will help prepare a meal 1x per week.

With physical assistance from staff, Mary Anne will learn to do household chores (cleaning or laundry) 1x per week.

Specialized Medical Supplies:

With physical assistance from staff, Mary Anne will maintain good hygiene related to eating, bathing and toileting.

Community Access Group:

Mary Anne will participate in recreational activities in a group setting in the community.

Goal B: Brandon will demonstrate emotional growth and stability.

Objective 1: Brandon will recognize his feelings of frustration independently and in a positive manner will choose a calming activity and ask to take a break. Goal will be met when Brandon independently calms himself for six consecutive months (track 7 x weekly).

Goal C: Brandon will demonstrate marketable job skills.

Objective 1: Brandon will maintain a professional appearance and attitude when working as evidenced by staying focused on his job task and by showing respect to co-workers and by following work place rules. Staff will use social stories, role play, and video tapes as a way to help Brandon see his interactions. Goal will be met when Brandon demonstrates a professional appearance and attitude four times weekly for 12 consecutive months.

COMMUNICATION LOG

The Communication Log can be a spiral notebook. It should be kept in an easy to access location where staff can take a few minutes to write notes back and forth to each other. This log helps with the continuity of support. It can alert a staff person coming to work what has been happening earlier that day. It should become a habit for staff to write in and read the Communication log.

SAMPLE COMMUNICATION ENTRY

August 30, 2009 Arrived at work at 10:00 and Sam seemed quiet and not as active as usual. He didn't want lunch and complained that his stomach hurt. Was able to get him to drink some fruit juice. Around 3:00 he spent about 30 minutes in the bathroom and said he had "pooped." Seemed to be feeling better afterwards. Marsha Reed

August 30, 2009 When I came in at 6:00, Sam was really hungry. He kept going to the refrigerator wanting snacks. I gave him the choice of eating earlier since he hadn't eaten much at lunch. I also tried to make sure that he drank more fluids this evening. He ate well at supertime after choosing left over pot roast for his dinner.
Cindy Smith

MONTHLY SUMMARY

Month: _____ Client: _____ Location: _____

CLIENT BEHAVIORS: (note general trends, number of outbursts, etc.)

FAMILY CONTACT: (note increase, decrease, etc.)

MEDICAL REPORT: (note major illnesses, visits to doctor, etc.)

ISP GOALS: (note progress, lack of progress)

RECREATIONAL ACTIVITIES: (increase, decrease, enjoyed, refused to participate)

NUMBER OF BEHAVIOR & UNUSUAL INCIDENTS: _____

AMOUNT OF TIME IN COMMUNITY: _____

FIRST AID INSPECTION: date _____ pass/fail

FIRE DRILL/SMOKE DETECTOR CHECK: date _____ pass/fail

SPECIAL PROBLEMS: _____

STAFF _____

DATE _____

SUPPORT COORDINATOR _____

DATE _____

BEHAVIOR SPECIALIST _____

DATE _____

FAMILY _____

DATE _____

MONTHLY PAPERWORK CHECKLIST

Consumer/Client: _____

Month: _____ Year: _____

1. Progress Notes Complete _____ Progress Note Summary _____

2. Tracking Sheets _____ Tracking Sheet Summary _____

3. Support Coordinator Notes _____ Date(s) of visit(s) _____

4. Behavior Consult Notes _____ Reports _____ Date(s) _____

5. Monthly Calendar _____

6. Staff Training _____

7. Medical Appointment _____ Date _____ Doctor/Dental _____

Any Changes _____

8. Service Delivery Record _____

9. Fire Drills _____ completed within 3 minutes _____ Night Drill (_____ Oct & _____ Feb)
_____ Batteries replaced (_____ Oct & _____ Feb)

10. Disaster Drill _____ (every 3 months: _____ Mar _____ Jun _____ Sep & _____ Dec)

11. First Aid Kit Inspection _____ (every 3 months: _____ Mar _____ Jun _____ Sep & _____ Dec)

12. Other _____

Staff Signature _____ Title _____ Date _____

Family _____ Date _____

Consumer/Client _____ Date _____

Behavior Consult _____ Date _____

Support Coordinator _____ Date _____

MEDICAL AND EMERGENCY INFORMATION

- A. Medication Administration Record
- B. Permission to Treat
- C. Appointment Log
- D. Emergency Contact Forms
- E. Emergency Preparedness Supply Checklist
- F. Behavioral Incident Report
- G. Non-Behavioral Incident Report

REASON MEDICATION NOT ADMINISTERED

- 1 = Home
- 2 = Work/ADT
- 3 = ER/Hospital
- 4 = Refused
- 5 = Medication not available – explain ⇄
- 6 = Held by MD – explain ⇄
- 7 = Other – explain ⇄

Time, date, and initial each explanation.

Sign and initial at the bottom of the form.

Name: _____

Record medication administration notes below. For medication not administered, use the codes in the box at the left, including appropriate dates, comments, and explanations.

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS

PERMISSION TO TREAT

Power of Attorney for Consent to Medical Care for a Minor

By signing this form, I (we) hereby authorize _____ to consent to any medical care and treatment for _____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

This Power of Attorney is dated _____, _____ and is valid for one year.

Parent's Signature Date Second Parent's Signature (optional) Date

Dated Signature - Notary Public My commission expires

Medical History

(Failure to complete any of the following does not impair the validity of this Power of Attorney for consent to medical care for a minor.)

Child's Name	Child's Birth Date	Allergies
Religion	Blood Type	Date of Last Tetanus Shot
Previous Hospitalizations and Major Illnesses		Current Medications
Pediatrician Telephone		Other Important Information

Other Information

Father's Name	Home Phone	Home Address
Place of Employment	Work Phone	
Insurance Company	Policy Number	
Mother's Name	Home Phone	Home Address
Place of Employment	Work Phone	
Insurance Company	Policy Number	

APPOINTMENT LOG

Appointment Log

Date	With Whom	Where	Outcome	Signature / Title

EMERGENCY CONTACTS

Doctor

Name: _____
Address: _____
Phone: _____

Medical Insurance

Name: _____
Address: _____
Phone: _____

Hospital

Name: _____
Address: _____
Phone: _____

Contact Family Member

Name: _____
Address: _____
Phone: _____

Contact Friend

Name: _____
Address: _____
Phone: _____

Important Medical Information

Allergies: _____
Medical Conditions: _____

Other Information:

Police Department Phone Number _____
Fire Department Phone Number _____
Poison Control Phone Number _____
Utility Company (gas and electric) Phone Number _____
Landlord's Phone Number _____

Put copies of Maps or Directions to Doctor Offices, Hospital, Pharmacy, Dentist or other key places where someone might need to go in an emergency.

Excerpt from Your Life Your Way, by the Florida Developmental Disabilities Council, Inc. and Parent Recommendation

EMERGENCY PROCEDURES

Disability Related Emergency:

Who to Call: _____
Phone Number _____
Important Information and Plan: _____

Non-Disability Related Emergency:

Who to Call: _____
Phone Number: _____
Important Information and Plan: _____

Severe Weather or Natural Disaster

Who to Call: _____
Phone Number: _____
Important Information and Plan: _____

Power Outage

Who to Call: _____
Phone Number: _____
Important Information and Plan: _____

List Any Allergies

Who to Call: _____
Phone Number: _____
Important Information and Plan: _____

EMERGENCY PREPAREDNESS SUPPLY CHECKLIST

Assemble Supplies you might need in an emergency. Store them in an easy to carry Container such as a back pack. Include the following:

- _____ A supply of water (one gallon per person per day)
Store water in sealed, unbreakable containers.
Replace every six months.
- _____ A supply of non-perishable packaged or canned food and
A non-electric can opener.
- _____ A change of clothing, rain gear and sturdy shoes.
- _____ Blankets or a sleeping bag.
- _____ A first aid kit and prescription medications.
- _____ An extra pair of glasses.
- _____ A battery powered radio, flashlight, and plenty of
extra batteries. Hand crank radios that do not require
Batteries are also available.
- _____ Credit cards and cash.
- _____ An extra set of car and house keys.
- _____ A list of family physicians.
- _____ A list of important family information.
- _____ A list of the style and serial number of medical devices
such as pacemakers.
- _____ Special items for infants, elderly and family members who
have disabilities.

Excerpt from Your Life Your Way, by Florida Developmental Disabilities Council, Inc.

BEHAVIORAL INCIDENT REPORTS

Client/Staff Injury

BEHAVIOR INCIDENT RECORD

Client: _____
Date: _____
Time Incident Began: _____ Time Incident Ended: _____ Total Time: _____
Place of Occurrence: _____ Number of staff required to manage incident: _____

ANTECEDENT CONDITIONS – (What was happening just prior to the behavior. What was the client doing and what was going on around him?)

BEHAVIOR – (Describe the actual behavior of the client.)

CONSEQUENCES – (Describe what followed the behavior.)

CLIENT'S REACTION – (Describe what the client did after your action.)

Description of any injuries sustained by client(s) and/or staff. Medical treatment provided?

Administrative Comments:

Guardian or Family Notified: _____ Yes _____ No Date Notified: _____

Staff Person Handling the Incident: _____

	Signature	Title	Date
Support Coordinator: _____	_____	_____	_____

	Signature	Date
Behavior Specialist: _____	_____	_____

	Signature	Date
Program Coordinator: _____	_____	_____

NON-BEHAVIORAL INCIDENT REPORTS

Unusual Incident

Accident

Medical

Injury

Date: _____

Time: _____

Home: _____

Persons involved: _____

Other persons present: _____

Describe the incident in specific terms: _____

Describe the action taken: _____

Behavior consult contact and action: _____

Staff Signature

Date

Requires Regional Board Notification
Administrative action, if needed:

Client/Staff Injury

Time Program Coordinator notified: _____

Behavior Consult

Date

Support Coordinator

Date

Family

Date

Sent to Regional Board _____

Date

Not Applicable

BIBLIOGRAPHY

Acumen Fiscal Agent Website, 4542 Inverness Avenue, Suite 210, Mesa, AZ 85206
<http://www.acumenfiscalagent.com/acumen/external/financialservices.asp>

Community Guide Curriculum, Institute on Human Development and Disability,
850 College Station Rd., Athens, GA.

Developing and Implementing Self-Direction Programs and Policies, A Handbook,
Robert Wood Johnson Foundation.

Domestic Employer Info, Self Determination Resources, Inc. (SDRI)
http://www.sdri-pdx.org/customers/Content_DomesticEmployerInfo.html

Domestic Employee Policy Handbook, Self Determination Resources, Inc. (SDRI)
http://www.sdri-pdx.org/customers/Content_DomesticEmployerInfo.html

HR Pro File Employment Screening, 8506 Beechmont Ave., Cincinnati, OH 45255.

NOW and COMP Waiver Policies and Procedures Manuals,
<https://www.ghp.georgia.gov>

Personal Assistance Training Manual, Shepherd Center, 2020 Peachtree Rd, NW
Atlanta, Georgia 30309.

The New Mexico MI VIA Program Concept Paper, New Mexico Aging and Long
Term Services Department, New Mexico Department of Health.

The Yellow Book, Implementing Choice, 2nd Edition, Dane County Department of
Human Services, 1202 Northport Drive, Madison, WI 53704

Your Life Your Way, Florida Developmental Disabilities Council, Inc., Mary
Hayden, 58 Inner Drive, St. Paul, MN 55116