

DOCUMENTATION OF TRAINING – SUPPORTIVE HOME CARE (SHC) / RESPITE

This is a voluntary form. If this form is not used, you must ensure that the information requested is on file in another format.

Name – County Waiver Agency	
Name – Care Provider	Date – Initial Employment
Name – Employer (SHC Agency or Participant)	

The following information outlines the required minimum training to be completed by the person providing SHC/Respite services, based on the actual services to be provided. Check the appropriate box(s) to indicate training that was completed for the applicable services.

<input type="checkbox"/> Personal Services – Required Training 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information 5. General Target Group Information 6. Working Effectively with Participants 7. Homemaking/Household Services	<input type="checkbox"/> Required Training Completed (1, 2, 3, 4) Date: <input type="checkbox"/> Training Completed (5, 6, 7) Date: <input type="checkbox"/> Training Exempted (5, 6, 7)—Provider has previous/comparable experience. List and attach documentation.
<input type="checkbox"/> Household/Chore Services – Required Training 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information	<input type="checkbox"/> Required Training Completed (1, 2, 3, 4) Date:
<input type="checkbox"/> Respite Services – Required Training 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information 5. General Target Group Information 6. Working Effectively with Participants 7. Homemaking/Household Services (if provided)	<input type="checkbox"/> Required Training Completed (1, 2, 3, 4) Date: <input type="checkbox"/> Training Completed (5, 6, 7) Date: <input type="checkbox"/> Training Exempted (5, 6, 7)—Provider has previous/comparable experience. List and attach documentation.

<input type="checkbox"/> Required Caregiver Background Check completed (if applicable)	Date Completed
SIGNATURE – SHC / Respite Provider	Date Signed
SIGNATURE – SHC Agency Supervisor	Date Signed
SIGNATURE – Participant as Employer	Date Signed
SIGNATURE – County Agency Care Manager	Date Signed