

ALTERNATE/SUBSTITUTE CAREGIVER TRAINING

RESIDENT

The vulnerable adult who lives with the regular CFH provider and needs personal assistance and/or supervision.

Full Legal Name:

REGULAR CERTIFIED FAMILY HOME CARE PROVIDER

The CFH provider with whom the resident lives and who regularly provides care to the resident.

Full Legal Name:	Certificate No.:
Telephone Number: ()	Email Address:
Address:	
City:	State: ZIP:

ALTERNATE/SUBSTITUTE CAREGIVER

An alternate caregiver is a CFH provider with whom the resident will be staying for a short period. A substitute caregiver is a qualified staff (i.e., has current certification in first aid and adult CPR, has completed a Department-approved medications course, and has cleared a Department criminal history and background check) who provides care in the regular CFH provider's home while he/she is unavailable.

Full Legal Name:	<input type="checkbox"/> Alternate Care or <input type="checkbox"/> Substitute Care
Telephone Number: ()	Email Address:
Address:	
City:	State: ZIP:

RESIDENT INFORMATION AND SOCIAL HISTORY

The regular CFH provider's review of the resident's information and social history with the alternate/substitute caregiver.

The regular CFH provider has reviewed the resident's information and social history with the alternate/substitute caregiver. The alternate/substitute caregiver is aware of how to contact the resident's health care professionals, support services, and emergency contacts. The alternate/substitute caregiver is also aware of the resident's social history, hobbies, and interests. If alternate care, a copy of the resident's information and social history was provided to the alternate caregiver.	Regular CFH Provider's Initials: _____ Alternate/Substitute's Initials: _____
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RESIDENT RIGHTS

The regular CFH provider's review of the resident's rights policy with the alternate/substitute caregiver.

The regular CFH provider has reviewed the resident rights policy with the alternate/substitute caregiver. The alternate/substitute caregiver is aware of these rights and agrees to protect and honor the rights of residents living in the home.	Regular CFH Provider's Initials: _____ Alternate/Substitute Initials: _____
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BELONGINGS INVENTORY

The regular CFH provider's review of the resident's belongings inventory with the alternate caregiver (not required for substitute care).

The regular CFH provider has reviewed a list of the resident's personal possessions being brought by the resident to the alternate caregiver's home. A copy of this list was provided to the alternate caregiver. The alternate caregiver agrees that items brought with the resident or purchased by the resident will return to the regular CFH provider's home upon services resuming there.	Regular CFH Provider's Initials: _____ Alternate Caregiver's Initials: _____
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CARE ACCORDING TO THE ADMISSION AGREEMENT

The regular CFH provider's review of the resident's care according to the admission agreement with the alternate/substitute caregiver.

The regular CFH provider has reviewed the resident's admission agreement in regards to care with the alternate/substitute caregiver. The alternate/substitute caregiver agrees to abide by this agreement.	Regular CFH Provider's Initials: _____ Alternate/Substitute's Initials: _____
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ASSESSMENT

The regular CFH provider's review of the resident's assessment with the alternate/substitute caregiver.

The regular CFH provider has reviewed the resident's assessment with the alternate/substitute caregiver. The alternate/substitute caregiver is aware of the resident's strengths, weaknesses, risks and needs, including functional needs, medical needs, and behavioral needs. If alternate care, a copy of the resident's assessment was provided to the alternate caregiver.	Regular CFH Provider Initials: _____ Alternate/Substitute Initials: _____
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PLAN OF SERVICE

The regular CFH provider's review of the resident's plan of service with the alternate/substitute caregiver

The regular CFH provider has reviewed the resident's plan of service with the alternate/substitute caregiver, including supervision needs and behavior management plans, if applicable. The alternate/substitute caregiver agrees to provide services to the resident accordingly. If alternate care, a copy of the resident's plan of service was provided to the alternate caregiver.	Regular CFH Provider Initials: _____ Alternate/Substitute Initials: _____
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MEDICATIONS, TREATMENTS, SPECIAL DIETS AND ALLERGIES

The regular CFH provider's review of the resident's medication management and treatment needs with the alternate/substitute caregiver.

The regular CFH provider has reviewed orders from the resident's health care professional with the alternate/substitute caregiver, including prescription and OTC medication (including corresponding information sheets), treatments and special diets. The resident's known allergies were also reviewed. The alternate/substitute caregiver has been supplied with the resident's medications and assumes responsibility for management of such, including refilling prescriptions before the supply is exhausted, if applicable.	If the following occur, the alternate/substitute caregiver will make the following notifications:
	<ul style="list-style-type: none"> • A dose is not taken or side effects are observed: _____ • An overdose occurs: POISON CONTROL: 1-800-222-1222
	Provider has performed an inventory of narcotics before transferring medications to alternate caregiver.
Regular CFH Provider Initials: _____ Alternate/Substitute Initials: _____	

OTHER TRAINING PROVIDED

REGULAR CFH PROVIDER'S SIGNATURE _____ DATE _____

ALTERNATE/SUBSTITUTE CAREGIVER'S SIGNATURE _____ DATE _____