

### Program Specific Training

This form is to be completed at the beginning of first training shift. Once complete, employee can begin HPC billing. Turn completed form into your Director.

**Program Name:** \_\_\_\_\_

#### Keys to Quality Services

We cultivate an empowering environment by fostering and supporting choice and individuality.

We value people's potential to grow and are committed in the development of skills to support growth.

We strive to understand and satisfy the expectations of our clients, employees, and community.

We promote the rights, health, and safety of individuals by upholding the DD Bill of Rights.

We believe that we and our clients are a visible, contributing presence in the community and we promote the development of self-sufficiency and assimilation into the community.

We nurture trust, respect, and integrity in our relationships with each other and the community.

We are dedicated to excellent services.

We encourage and support innovation, diversity, and flexibility.

We acknowledge personal responsibility for our mistakes as opportunities to learn and improve.

We support open communication.

**Tour of the Home:** Include location of supplies: food, personal hygiene items, linens, staff sleeping location, and housekeeping equipment. \_\_\_\_\_

**Building Code** \_\_\_\_\_ **Garage Code** \_\_\_\_\_ **Lock Box Code** \_\_\_\_\_

**Program Specific:** Fire Evacuation Plan\_\_\_, Fire Extinguishers\_\_\_, Severe Weather Plan\_\_\_, Water Main Shut-Off\_\_\_, First Aid Supplies\_\_\_, OSHA Kit\_\_\_, Phone Numbers\_\_\_, Hazardous Chemical Storage\_\_\_, Location of Keys\_\_\_, Electrical Panel\_\_\_, Emergency Supplies\_\_\_, Things You Should Know\_\_\_, Smoking Policy\_\_\_, Telephone Use Policy\_\_\_, Contacting Management\_\_\_, Unusual Incidents At This Location\_\_\_, Meal Planning\_\_\_, Grocery Shopping\_\_\_, Food Storage\_\_\_, Food Preparation\_\_\_, Staff Meals\_\_\_, Cleaning Procedure/Checklist\_\_\_, Reporting Maintenance Needs\_\_\_, Laundry Procedure\_\_\_, Inventories\_\_\_, Care of Pets\_\_\_, Review Client Book\_\_\_, Adaptive Equipment\_\_\_, Other\_\_\_\_\_

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

Program/Person Specific Training

Person Specific Training

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

<b>Level of Supervision: *Always follow current ISP</b>
<b>Community:</b> ___ Intermittent ___ Auditory ___ Visual ___ Close Constant Visual
<b>Home:</b> ___ Intermittent ___ Auditory ___ Visual ___ Close Constant Visual
<b>Alone Time:</b> ___ Yes ___ No ___ If Yes, Give Details:
<b>OSOC Hours:</b> ___ Yes ___ No ___ If Yes, Give Times:
<b>Medication:</b> Location of Med Cabinet Keys: _____ ___ Self-Administer without assistance ___ Self-Administer with assistance ___ Unable to Self-Administer ___ Review Current Physicians Orders
<b>Money Management:</b> *If using Credit Card, EBT Card, or Petty Cash-Employees are expected to complete ledgers and keep receipts per policy. ___ EBT Card ___ Personal Spending Client can ___ or cannot ___ carry money on their own. Amount they can carry independently \$ _____
<b>Behavior Supports Defined in ISP?</b> ___ Yes ___ No ___ N/A If no, where is it documented? _____
<b>Important To/For Defined in ISP?</b> ___ Yes ___ No If no, please list: _____

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

<b>Level of Supervision: *Always follow current ISP</b>
<b>Community:</b> ___ Intermittent ___ Auditory ___ Visual ___ Close Constant Visual
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**Routine can be very important** to the population we serve. Find out any established routine and how important it is to the person. If necessary, follow it closely with only small differences and explain any changes beforehand if possible. This helps build trust.

**Activity on Change**

This simple exercise makes people aware of the impact of change and how they feel about it. Ask the participants to fold their arms. Then ask them to fold their arms the other way around. Wait in silence for a few moments before asking them to unfold their arms.

OR-Ask participants to clasp their hands together, noting which thumb is closest to them. Then ask them to clasp them together again, making sure their other thumb is now the closest.

OR- Ask them to cross their legs as they would normally do. Now ask them to switch and cross the other way.

Debrief by asking how difficult it was to fold their arms (clasp hands or cross their legs) the other way; what it feels like with their arms folded the other way around; and did they have an urge to unfold or refold their arms.

How does this apply to the Clients with whom we work? When the routine is changed, how do the individuals react? How do you react?

**Do not judge** clients based on your own values. Find out their values and work with them from there. Be non-critical and nonjudgmental.

When a client is frustrated or angry, listen... **do not always try to fix everything immediately.** Sometimes a client only needs someone to listen. If the person responds to their feelings inappropriately, suggest how to respond in a productive manner.

**Give ideas for problem solving.** What are the choices to be made, alternatives that would work, and possible consequences?

**Always reinforce positive actions,** not just during a crisis or when it's convenient.

**Never lie to a client.** If you promise to take a client somewhere, do it. They won't forget.

**When in a client's home,** remember you are a guest, and behave accordingly. This applies to group homes, residential facilities, as well as supported living sites. Staff need to remember they are essentially guests in the client's home and should choose the least intrusive method of working with the person in order to respect his or her home environment.

**Do not discuss a client's situation** when and where s/he can hear. This is demeaning and inappropriate. The only exception to this is when the person is involved in the discussion as well.

Program/Person Specific Training

When working with a client **explain what you are doing.** Example: Meds, meals, etc.

**Always read the Individual Service Plan (ISP)** before working with them. An ISP details the needs of the individual and ways for the staff to meet those needs. Also, if the client tends to demonstrate any crisis or distress patterns, the ISP will contain ways to handle those situations. This will ensure that the staff is aware of any pertinent information. (Example: the client does not like being touched) before an incident arises.

**Find out what communication style the client uses.** A good way to do this is to ask other staff that are currently working with the client. A client may be nonverbal but able to communicate with sign language. It is essential to know how they communicate to avoid misunderstandings. Follow the policies set forth by HIPPA (Health Insurance Portability and Accountability Act) This protects your confidential health information.

**Find out the clients likes and dislikes,** ask about his or her life. Discover any hobbies or favorite activities.

**Share appropriate information about your own life.** Trust cannot be developed if the individual knows nothing about you. At the same time, you are performing a service for the individual. If you are struggling with life issues, now is not the time to talk about them.

**Avoid taking on the role of a parent.** Do not try to manage and control a person. The clients we work with are adults and need to be treated as such.

Remember to **use words of common courtesy.** Such as “please”, “Thank you”, “Excuse me”, and “I’m sorry.”

**Start each day new.** Do not let negative feelings continue.

**Do not assume** that clients will always listen to your advice.

**Make ordinary activities special** for the client.

Staff Name/Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Trainer Name/Signature \_\_\_\_\_ Date/Time \_\_\_\_\_