## Choices in Community Living

Individual Training Checklist

		d in the Individual's Plan. Assuran  Specific Details:	21
G D		Specific Details.	
Supervision Requirements			
Allergies	- A1'1-1-\		
Behavior's and Procedures (BSP read and reviewed) (A Food Consistency and Mealtime Assistance	as Applicable)		
•			
Ambulation Methods			
Repositioning Other Physical Needs/Equipment			
Hygiene Needs/Toileting/Attends			
Likes/Dislikes - Important To/Important For			
Communication Methods			
Medication Admin and Storage (Routine & PRN) - Delega	ated Nursing (As Applicat	ile)	
Diagnoses & Health Related Issues/Activities/Equipment	ated Tursing (713 71ppneae		
Transportation Methods			
Day Program Location & Needs			
Assistance Needed in Community			
Contacts - Staff, Family, Volunteers, Other Agencies			
IP/ISP's (Read and Reviewed)			
Programs and Services (Read and Reviewed)			
All Documentation Requirements/Provide			
Money Management (If Applicable)			
Site Specific Fire & Emergency Response Training			
Final Day Check Off			
HCDC Wainer Training 0 NDATE (C) 1 ( 1D 35	.)		
HCBS Waiver Training & NMT (Completed By Manager)			
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