Program Specific Training

Program Name: _____

This form is to be completed at the beginning of your first training shift. Once complete, you can begin HPC billing. Please print and sign the bottom of the form when your training is finished.

Tour of the home - which includes location of supplies, food, personal hygiene items, linens, staff sleeping locations (if applicable), and housekeeping equipment.

Codes

Garage Code_____   Building Code_____   Lock Box Code_____

Emergency Procedures

* Severe Weather/Fire Evacuation Plans

* Smoke Detectors/Carbon Monoxide Detectors

* OSHA Kit_____

*Storage of Hazardous Chemicals

*PPE

* Main Water Shut-off_____

* Fire Extinguishers

* First Aid Supplies_____

* Phone Numbers

* Electrical Panel_____

* Emergency Supplies (Flashlight, Radio)

* Other_____

Program Information

* Respectful Conduct In the Individual's Home

* Contacting Your Supervisor

*Smoking Policy

* Meal Planning

* Food Storage

* Staff Meals

* Reporting Maintenance Needs

* Inventories

* Medication/Storage

* Lunches for Work, Dayhab, etc.

* Other_____

* Location of Keys (Van, Home, Meds)

* UI/MUI as applied to this location

* Telephone Use Policy

* Grocery Shopping

* Food Preparation

* Cleaning Procedure / Checklist

*Laundry Procedure

* Care of Pets

*Reporting Work

* Guardians, Family Members, SSA's

* Other _____

Documentation - Where it is kept. Sign appropriate documents after reviewing.

Review and sign the *Individual Specific Training* form for EACH CLIENT in the program. Once signed, your manager will need to take a picture and send to HR Docs, required by DODD.

Program Van/Community Access

* Scheduled Activities, Including Outcomes

* Use of Personal Vehicle

* Mileage Sheet and Van Checklist

* Training on Wheelchair Lift and Straps if Applicable

* Trip Preparation

* First Aid Kit

* Other _____

* Reporting Using Appropriate Codes

* Maintenance

* Gas Purchases

*Transportation Alternatives

* Fire Extinguisher

* Cleaning Schedule/ Car Washes

* Other _____

Staff Name (Print)	Staff's Signature	Date Completed	Trainer's Signature