

Qualifications & Requirements for Home Services Workers

Name: _____

Date: _____

Please submit proofs of the following:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Social Security Card |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Care Worker Background Check |
| <input type="checkbox"/> | <input type="checkbox"/> | Visa or Proof of Citizenship |
| <input type="checkbox"/> | <input type="checkbox"/> | Initial Health Evaluation (<i>Proof that caregiver is free from communicable diseases & able to perform duties such as personal care, homemaking & companionship duties with persons with communicable disease in the home and/or persons-at-risk of contracting communicable disease due to age or general health</i>). |
| <input type="checkbox"/> | <input type="checkbox"/> | Completion of 4 hours of training prior to first assignment; |

Date Completed: _____

Name of Agency _____

If completed through another licensed home services agency, must be within the prior year (previous 365 days).

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completion of 4 hours within first 30 days of employment; |
| | | Date Completed: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Competency Evaluation; Date Passed: _____ |

The competency evaluation or proof of prior training at a licensed home services agency within the prior year shall address each of the following subjects:

- 1) ***The employee's job responsibilities and limitations;***
- 2) ***Communication skills in areas such as with persons who are hard of hearing, have dementia, or have other special needs;***
- 3) ***Observation, reporting and documentation of client status and the service furnished, including changes in functional ability and mental status demonstrated by the client;***
- 4) ***Performance of personal care tasks for clients, including: bathing; skin care; hair care; nail care; mouth care; shaving; dressing; feeding; assistance with ambulation; exercise and transfers; positioning; toileting; and medication reminding;***
- 5) ***Performance of ability to assist in the use of specific adaptive equipment, such as a mechanical lifting device, if the worker will be working with clients who use the device;***
- 6) ***Basic hygiene and basic infection control practices;***
- 7) ***Maintenance of a clean, safe and healthy environment;***
- 8) ***Basic personal and environmental safety precautions;***

- 9) *Recognizing emergencies and knowledge of emergency procedures, including basic first aid and implementation of a client's emergency preparedness plan;*
- 10) *Confidentiality of client personal, financial and health information;*
- 11) *Behaviors that would constitute abuse or neglect and the legal prohibitions against such behaviors, as well as knowledge and understanding of abuse and neglect prevention and reporting requirements; and*
- 12) *Any other task that the agency may choose to have the worker perform.*

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Proof of Annual Training
		Dates Completed/Renewed: _____
		Dates Completed/Renewed: _____
		Dates Completed/Renewed: _____
		Dates Completed/Renewed: _____

The annual training can include self-study courses with demonstration of learned concepts that are applicable to the employee's responsibilities. Training shall include;

- 1) *Promoting client dignity, independence, self-determination, privacy, choice and rights;*
- 2) *Disaster procedures;*
- 3) *Hygiene and infection control; and*
- 4) *Abuse and neglect prevention and reporting requirements.*

All training shall be documented with the date of the training; starting and ending times; instructors and their qualifications; short description of content; and staff member's signature.