Training Verification Form

SEND COMPLETED FORM TO: Fiscal Assistance of Dane County 124 W. Holum Street, DeForest, WI 53532
PHONE: 608/846-7058 Ext 22 FAX: 608/842-0459 EMAIL: JillB@FiscalAssistance.org

To Employee/Care Provider: This form must be completed by each employer/consumer you work for. It is proof that both parties feel comfortable and confident with the specific training associated with the individual receiving care. **To Employer/Consumer:** If you have any questions about your responsibility in training an employee, please contact Jill Barasch with Fiscal Assistance of Dane County at 608/846-7058 Ext 22.

Worker Name And Address:

Initial Date of Employment:

Phone #:

Employer/Consumer Name:

The following items are the required minimum training for individuals who provide in home care services. Please date each section to verify when training was completed. Each employer (or other authorized individual) is responsible for providing information and training on his/her specific care needs. Your employee may be considered EXEMPT from numbers 4, 5, and 6 if you feel that s/he has sufficient prior experience and knowledge in these areas. Please note rationale for any exemptions on the back of this page.

Personal Services, Respite Services, and Household/Chore Services – Required Training

1. **Safe Provision of Services**.....TRAINING COMPLETED ON _____
   Your expectations for providing care needs safely.
   Examples: wearing gloves, washing hands, handling equipment/transfers, transportation, etc.

2. **Recognizing & Responding to Emergencies**.....TRAINING COMPLETED ON _____
   Emergency preparedness.
   Examples: emergency contact numbers, when to call 911, fire/tornado plan, etc.

3. **Participant Specific Information**.....TRAINING COMPLETED ON _____
   Your individual needs/preferences/rules; expectations re: daily living skills.
   Examples: grooming preferences, how to use adaptive/mobility aids, foods you would like prepared.

4. **General Target Group Information**.....TRAINING COMPLETED ON _____
   Any general information that might apply. or
   Examples: information on working with elderly, physically disabled or developmentally disabled individuals. CARE PROVIDER EXEMPT _____
   (write "X" and explain on reverse side)

5. **Working Effectively with Participants**.....TRAINING COMPLETED ON _____
   Expectations for professionalism, handling conflicts, modes of communication, etc. or
   Examples: dress code, scheduling, notice for needed time off CARE PROVIDER EXEMPT _____
   (write "X" and explain on reverse side)

6. **Homemaking/Household Services (If Provided)**.....TRAINING COMPLETED ON _____
   Expectations re: diet and meals, maintaining clean and healthy environment. or
   Examples: how to run the washer/dryer, washing dishes, preparing meals. CARE PROVIDER EXEMPT _____
   (write "X" and explain on reverse side)

Employee (Worker) Signature	**Date:**
Employer (Consumer) Signature	**Date:**
Employer Agent Signature	**Date:**