

TRAINING VERIFICATION FORM

Employee/Care Provider: This form must be completed by each employer you work for within 90 days of hired. It is proof that both parties feel comfortable and confident with the specific training associated with the individual receiving care. This is not a formal training program, it is training you receive from your employer.

Employer/Participant: If you have any questions about your responsibility in training an employee, please contact Fiscal Assistance, Inc.

Employee Name:

Address:

Phone:

Employer Name:

Initial Date of Employment:

The following are the required minimum training for individuals who provide in home care services. Please date each section to verify training was completed. Each employer (or authorized individual) is responsible for providing information and training on his/her specific care needs. Your employee may be considered EXEMPT from numbers 4-6 if they have prior experience and knowledge in these areas. Please write "Exempt" for the date and note rationale in the space provided. Both the employee and the employer need to sign and date the form for it be considered complete.

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

1. Safe Provision of Services

Your expectations for providing care needs safely.

Examples: wearing gloves, washing hands, handling equipment, transfers, transportation, etc.

Date Completed

2. Recognizing & Responding to Emergencies

Emergency preparedness

Examples: emergency contact numbers, when to call 911, fire/tornado plan, etc.

Date Completed

3. Employee/Participant Specific Information

Your individual needs/preferences/rules; expectations re: daily living skills.

Examples: grooming preferences, how to use adaptive/mobility aids, preparation of foods, etc.

Date Completed

4. General Target Group Information

Any general information that might apply.

Examples: information on working with elderly, physically disabled or intellectually disabled individuals

Date Completed

5. Working Effectively with Employee/Participant

Expectations for professionalism, handling conflicts, modes of communication, etc.

Examples: dress code, scheduling, notice for needed time off, etc.

Date Completed

6. Homemaking/Household Services (if provided)

Expectations regarding diet & meals, maintaining clean & healthy environment.

Examples: how to run the washer/dryer, washing dishes, preparing meals, etc.

Date Completed

Exemption Rational (if applicable for 4-6)- use back of form if needed

Employee Signature

Date

Employer Signature

Date

Return Form to: Fiscal Assistance, Inc. 4646 S. Biltmore Lane Madison, WI 53718
 Phone: 608.846.7058 or 1-855-201-4230 (toll free)
 Fax: 608.842.0115 or 1-844-727-7533 (toll free)
 Email: Enrollment@fiscalassistance.org