

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### BEFORE CARE BEGINS

Proper preparation for home care ensures that you and your loved ones receive the most from our services. Our home care experts have put together a few important tips to help you prepare for your home care experience.

THE TEAM:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>Professional Care Management Oversight.</b> This means you will receive care from a team of professionals: Care Administrator, Care Coordinator, Staffing Coordinator and Care Professional.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>24 hours/ 7 days per week Emergency Support System</b> to provide support and update the team.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>Priority Staffing, Caregiver Continuity &amp; Back-up support.</b> This means you will be introduced to a primary care professional who will care for your daily needs and a back-up care professional in case of time-off and emergency.
THE PROCESS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>Complete the COVID-19 Pre-Exercise Screening Questionnaire</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>Walk through the house</b> with your Home Care Coordinator and home care team prior to beginning services.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Approve the <b>home care safety assessment</b> provided by your Care Coordinator.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Make a list of <b>what tasks are expected</b> , in addition to those that are detailed in the plan of care created by your Care Coordinator (e.g.: general/light housekeeping, cooking).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Review the list of <b>designated holidays</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Review the <b>cancellation policy</b> (14 days without charge)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Post a copy of the <b>Emergency Contact list</b> created by your Care Coordinator next to your phone or somewhere visible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ <b>Secure items of value</b> whenever possible, as foot traffic in and out of your home will increase.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Consider <b>identifying the appropriate location for your caregiver</b> and their belongings, if you are receiving live-in support or long duration shifts.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Review with your Care Coordinator <b>what is off-limits</b> in the house, whether it is a whole room, particular food, set of dishes, etc.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Explain to your Care Coordinator in detail any <b>specific instructions you would like carried out</b> by your home care team.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	▪ Notify your Care Coordinator if you would like Alliance to provide and <b>install a small whiteboard with dry-erase markers</b> to communicate (daily notes, upcoming appointments, etc.) with your home care team.