



ORIENTATION TO CLIENT

Member's Name

All ADH/CDH Providers, Respite Providers and any Direct Care Staff providing care for the member listed above must be orientated on the specific needs of this member. Please review each of the following topics listed below and sign at the bottom to acknowledge understanding & completion:

- Individual Service Plan (ISP) & Amendments
 - Adaptive Equipment
 - Rights, Health & Safeguards
 - Risk Assessment & Prevention
 - Habilitation Goals & Progress Monitoring
- Behavioral Treatment Plan (BTP) (if applicable)
- Medical Conditions & Specific Care Instructions (i.e. Seizures, Diabetes, etc.)
- Medication Administration & Charting (if applicable)
- Family Touch Emergency & Incident Reporting Procedure (Tab 1)
- Emergency Information & Medical History (Tab 1)
- Daily Living & Safety Needs (Tab 2)

Position	Printed Name	Signature	Date



ORIENTATION TO CLIENT (add'l sheet)

Member's Name _____

Position	Printed Name	Signature	Date
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