

☐ Scheduling of the home care worker

☐ Assignment of duties to the home care worker

☐ Hiring, firing, and discipline of the home care worker

☐ Provision of materials or supplies for the home care worker's use in providing services

☐ Training and ensuring qualifications that meet the client's needs

Acknowledgment of Receipt

I acknowledge that I have received, read, and understand the disclosure notice from Joyful Family LLC. I have been informed of the above-listed responsibilities and understand my rights and obligations as they relate to the home care services provided.

Client or Authorized Representative Name: _____

Relationship to Client (if applicable): _____

Signature: _____

Date: _____

Staff Name and Title: _____

Staff Signature: _____

Date: _____



Advance Directives Notification Form

Joyful Family LLC

Advance Directives Notification Form

Client Information

Client Full Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Advance Directives Information

Have you been informed of your right to make decisions about your medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives?

☐ Yes

☐ No

Do you currently have an advance directive (such as a Living Will or Durable Power of Attorney for Health Care)?

☐ Yes

☐ No

If yes, please specify the type of directive: _____

Would you like additional information or assistance in completing an advance directive?