

Client Admission Package

Reliant Workforce Solutions dba Reliant Home Care

(In partnership with Care Staff LLC)

This **expanded and enhanced Client Admission Package** is provided to all clients at the start of services in compliance with **907 KAR 1:170, KRS 209**, and applicable **CMS Conditions of Participation**. This packet is designed to ensure clients are fully informed of their rights, services, protections, and methods for reporting concerns.

All documents must be reviewed with the client and/or the client's legal representative prior to or at the initiation of services. Signed acknowledgments are maintained in the client record.

1. Welcome Letter

Welcome to Reliant Workforce Solutions dba Reliant Home Care. We are committed to providing safe, respectful, and high-quality personal services while protecting your rights, dignity, and independence.

If you have questions or concerns at any time, please contact Agency leadership. You have the right to voice concerns without fear of retaliation.

2. Client Rights & Responsibilities Acknowledgment

Client Rights

You have the right to: - Be treated with dignity, courtesy, and respect - Be free from abuse, neglect, exploitation, and misappropriation of property - Receive services without discrimination - Participate in decisions regarding your care - Refuse services or withdraw consent - Voice grievances without retaliation - Privacy and confidentiality of personal information

Client Responsibilities

Clients and representatives are responsible for: - Providing accurate information - Maintaining a safe environment - Treating staff respectfully - Communicating changes in condition or needs

Acknowledgment I have received and understand my Client Rights and Responsibilities.

Client/Representative Signature: _____ Date: _____

3. Description of Services

The Agency provides non-medical personal services as authorized by the care plan, which may include assistance with: - Activities of daily living (ADLs) - Personal hygiene and mobility - Meal preparation - Light housekeeping - Companionship

Services provided are based on assessed needs and authorized hours.

4. Abuse Prevention & Reporting Notice

The Agency maintains a **zero-tolerance policy** for abuse, neglect, exploitation, or misappropriation of client property.

If you believe abuse, neglect, or exploitation has occurred, you may: - Notify Agency leadership immediately - Contact **Adult Protective Services (APS)** - Contact the **Kentucky Cabinet for Health and Family Services (CHFS)** - Call **911** if there is immediate danger

Kentucky Reporting Contacts

- **Kentucky Adult Protective Services (APS): 1-800-752-6200**
- **Kentucky Cabinet for Health and Family Services (CHFS) – Office of Inspector General Hotline: 1-877-597-2331**

Reports may be made **24 hours a day** and may be made anonymously. Retaliation for reporting concerns in good faith is strictly prohibited.

5. Client Grievance / Complaint Process

Clients have the right to file a grievance or complaint **verbally, in writing, or electronically** at any time without fear of retaliation. Complaints are investigated promptly and addressed fairly.

How to File a Grievance

- Submit directly to Agency leadership
- Complete a **Client Grievance / Complaint Form**
- Access grievance forms online at:
www.reliant-homecare.com → Forms Tab

If you are not satisfied with the resolution, you may contact external agencies: - **Kentucky Cabinet for Health and Family Services (CHFS): 1-877-597-2331** - **Kentucky Adult Protective Services (APS): 1-800-752-6200**

All grievances are tracked, documented, and resolved in accordance with state and federal requirements.

6. Privacy & Confidentiality (HIPAA Notice Summary)

The Agency protects the privacy of your personal and health information. Information is shared only as permitted by law.

You may request access to your records or request corrections.

7. Emergency & After-Hours Contact Information

Agency Phone: _____

After-Hours / On-Call Number: _____

If you cannot reach Agency staff and there is an urgent concern: - Call **911** for life-threatening emergencies - Contact **APS: 1-800-752-6200** for abuse, neglect, or exploitation concerns

8. Consent for Services

I voluntarily consent to receive personal services from Reliant Workforce Solutions dba Reliant Home Care.

Client/Representative Signature: _____ Date: _____

9. Financial Agreement & Billing Disclosure

Clients will receive clear information regarding rates, billing cycles, and payment responsibilities prior to service delivery.

I acknowledge receipt of billing and payment information.

Signature: _____ Date: _____

10. Acknowledgment of Receipt of Admission Packet

I acknowledge that I have received and reviewed the Client Admission Package, including all policies and forms listed above.

Client/Representative Name: _____

Signature: _____ Date: _____

Documents Included in This Package

- ☐ Welcome Letter
- ☐ Client Rights & Responsibilities
- ☐ Description of Services
- ☐ Abuse Prevention & Reporting Notice
- ☐ Client Grievance Form
- ☐ Privacy & Confidentiality Notice
- ☐ Consent for Services
- ☐ Financial Agreement
- ☐ Emergency Contact Information

Approved By: CEO/CFO

Effective Date: _____ **Review Date:** _____