

**STAFF MEMBER ORIENTATION**

**Member’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service(s) to be provided to the Member (check all that apply):**

[ ]  **In Home – HCBS**:

[ ]  **Habilitation:** One-on-one training session where habilitation was explained and examples on how to approach were provided. Explain how to fill out the HAB Reports.

[ ]  **Respite:** One-on-one training session where respite was explained, and instructions were given on what should be done when providing this service.

[ ]  **Attendant Care:** One-on-one training session where attendant care was explained, and instructions were given on what should be done when providing this service.

**Orientation provided to the staff by review of (check all that apply):**

[ ]  ISP [ ]  Pre-Service Agreement [ ]  Risk Assessment

[ ]  Behavior [ ]  Habilitation Goals/Objectives

 Treatment Plan (BTP)

**Orientation provided to the staff regarding the Member’s specific requirements:**

[ ]  Member’s Medications [ ]  Member’s What I like/Don’t Like Chart

[ ]  Member’s Routine in the Group Home [ ]  Staff Ratio (Day, Night, Vehicle, Community)

[ ]  **Seizures:** One-on-one training session explaining and showing what to do in case of a seizure per the member’s ISP and what to do if a member has a seizure for the first time.

**My signature below indicates I have received and understood the orientation to the Member named above:**

**Signature of Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of JBB Manager reviewing orientation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_