Company Name New Admission Packet

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Admission Packet

Initials

	Welcome page / Hours of Operation	
	Admission Criteria	
	Rights / Responsibilities of Client / Grievances	
	Complaints and Grievances	
	HIPAA	
	Medicaid	
	Abuse, Neglect, Exploitation, Drug Testing Policy	
	Advance Directive Information	
	Infection Control	
	Family Disaster Plan	
	Emergency Numbers	
	Home Safety	
	Plan and Get Ready	
	Emergency Information	
	Fee Schedule	
	Payment of Services	
	Service Plan Supervision	
	Consent & Verification of Receipt of Information (duplicate)	
	Emergency Preparedness/ Disaster Plan (duplicate)	
n/a	Personal Care Assessment (Must Insert)	
n/a	Medication Profile	
n/a	Communication Sheet	
n/a	Vital Signs Record	
n/a	Client Calendar	
n/a	PCA Service Plan (Must Insert)	

My initials above indicated that I have received the	ne information listed.
Signature:	Date:

Company Name New Admission Packet

Patient Name:

MR#

Welcome Letter and Hours of Operation

Thank you for choosing Company Name for your personal assistance needs. The purpose of this packet is to inform you of your care needs, client rights and responsibilities, along with valuable information concerning personal care services.

Our mission is to build trusting relationships with clients, families, physicians, and all others devoted to client care in the home.

Working as a team we wish to provide you with quality personal assistance services in order to serve your needs. Together we can help you reach your maximum potential.

We work hard to employ and consult with caring and qualified personnel. Our job is to provide you with a comprehensive and thorough evaluation of the services you will require and follow that evaluation with services tailored to your personal needs.

Company Name is located at:

Company Address Company City, State Zip

Hours of Operation: 9:00 am to 5:00 pm Monday thru Friday.

A member of our staff is available 24 hours a day, 7 days a week via telephone at 555-555-555