Alternate/Substitute Caregiver Training

Resident

Resident's Full Legal Name:

Regular CFH Provider

Provider Name:	Certificate No.:
Telephone Number: ( )	Email Address:
Address:	City, State, ZIP:

Caregiver Type and Qualifications

Caregiver Name:
Type of Caregiver (check one) ☐ **Alternate Care:** Caregiver is a CFH provider with whom the resident will temporarily stay. ☐ **Substitute Care:** Caregiver is qualified staff who assists the resident in the resident's regular CFH while the Regular CFH Provider is temporarily unavailable.
If Alternate Care, CFH Certificate No.:
If Substitute Care: ☐ Background Check ☐ CPR/First Aid ☐ Medication Training

Training

The regular CFH provider is to review the following sections and information below with the alternate/substitute caregiver.	Provider Initials	Caregiver Initials
Resident Information and Social History • Reviewed contact information for the resident's health care professionals, support services, and emergency contacts. • The caregiver is aware of the resident's social history, hobbies, and interests. • Copy Resident Information and Social History provided to Alternate Caregiver.		
Resident Rights • Reviewed the Resident's Rights Policy. • The caregiver is aware of these rights and agrees to protect and promote the rights of residents living in the home.		
Admission Agreement • Reviewed the resident's Admission Agreement. • The caregiver agrees to abide by the agreement. • Copy of Admission Agreement provided to Alternate Caregiver.		

The regular CFH provider is to review the following sections and information below with the alternate/substitute caregiver.	Provider Initials	Caregiver Initials
Assessment • Reviewed the resident's assessment. • The caregiver is aware of the resident's strengths, weaknesses, risks and needs, including functional needs, medical needs, and behavioral needs. • Copy of assessment provided to Alternate Caregiver.		
Plan of Service • Reviewed the Plan of Service. • The caregiver agrees provide services according to the plan. • Copy of Plan of Service provided to Alternate Caregiver.		
Medications, Treatments, Special Diets, and Allergies • Reviewed orders from the resident's health care professional, including prescription and OTC medication (including corresponding information sheets), treatments, and special diets. • The caregiver has been supplied with the resident's medications and assumes responsibility for management of such, including refilling prescriptions before the supply is exhausted, if applicable. • Provider has performed an inventory of narcotics before transferring medications to an Alternate Caregiver. • If an overdose occurs: call POISON CONTROL: 1-800-222-1222 • If a medication dose is not taken, or side effects are observed, caregiver is to notify: _____		
Resident Belongings Inventory (Alternate Caregivers only) • The Regular CFH Provider has reviewed a list of the resident's personal possessions brought by the resident to the Alternate Caregiver's home. A copy of this list was provided to the Alternate Caregiver. • The Alternate Caregiver agrees that items brought with the resident or purchased by the resident will return to the Regular CFH Provider's home when the resident returns.		
Additional Training (If applicable)		

_____ _____

Regular CFH Provider Signature Date

_____ _____

Alternate/Substitute Caregiver Signature Date