

**How to fill out Documentation of Training Form –**  
**Supportive Home Care (SHC)/Respite**

1. Fill in your name under “Name- Care Provider”
2. Fill in the client’s name under “Name – Employer (SHC Agency or Participant)
3. Read over and check the applicable boxes regarding the services that will be performed – It is best to do this with the client.
4. You need to sign and date under “SIGNATURE – SHC / Respite Provider”
5. The client needs to sign and date under “SIGNATURE – Participant as Employer”

**Training must be completed prior to providing services with the client.**

**Training can be done by the client if able. Otherwise, a UCP representative may schedule a time with the client and employee to do training upon request.**

**This training document must be turned in prior to providing services for the client.**

Upon occasion UCP does provide general training for caregivers. Dates can be found on our Facebook page or website or by contacting the office at 715-832-1782.

Please call if you have any additional questions 715-832-1782

**DOCUMENTATION OF TRAINING – SUPPORTIVE HOME CARE (SHC) / RESPITE**

Name – County Walver Agency

LEAVE BLANK

Name – Care Provider – Employee

Date – Initial Employment

Name – Employer (SHC Agency or Participant) – Client/Employer

The following information outlines the required minimum training to be completed by the person providing SHC/Respite services, based on the actual services to be provided. Check the appropriate box(es) to indicate training that was completed for the applicable services.

<input type="checkbox"/> <b>Personal Services – Required Training</b> 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information 5. General Target Group Information 6. Working Effectively with Participants 7. Homemaking/Household Services	<input type="checkbox"/> <b>Required Training Completed (1, 2, 3, 4)</b> Date: <input type="checkbox"/> <b>Training Completed (5, 6, 7)</b> Date: <input type="checkbox"/> <b>Training Exempted (5, 6, 7)—Provider has previous/comparable experience. List and attach documentation.</b>
<input type="checkbox"/> <b>Household/Chore Services – Required Training</b> 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information	<input type="checkbox"/> <b>Required Training Completed (1, 2, 3, 4)</b> Date:
<input type="checkbox"/> <b>Respite Services – Required Training</b> 1. Orientation to County and SHC Agency Policies 2. Safe Provision of Services 3. Recognizing and Responding to Emergencies 4. Participant Specific Information 5. General Target Group Information 6. Working Effectively with Participants 7. Homemaking/Household Services (if provided)	<input type="checkbox"/> <b>Required Training Completed (1, 2, 3, 4)</b> Date: <input type="checkbox"/> <b>Training Completed (5, 6, 7)</b> Date: <input type="checkbox"/> <b>Training Exempted (5, 6, 7)—Provider has previous/comparable experience. List and attach documentation.</b>

<input type="checkbox"/> <b>Required Caregiver Background Check completed (if applicable)</b>	Date Completed
<b>SIGNATURE – SHC / Respite Provider – Employee</b>	Date Signed
<b>SIGNATURE – SHC Agency Supervisor</b> LEAVE BLANK	Date Signed
<b>SIGNATURE – Participant as Employer / Client</b>	Date Signed
<b>SIGNATURE – County Agency Care Manager</b> LEAVE BLANK	Date Signed