

ORIENTATION CHECKLIST

- ☐ Staff will provide their own meal and drinks. Staff is not to leave the home at mealtime.
- ☐ The staff is not allowed to use the client's telephone. In case of an emergency, they must use a credit card, call collect, or use their own cellular phone.
- ☐ Staff will have time sheets that will require your signature to verify hours worked.
- ☐ Assured Home Nursing Services is bonded and insurance.
- ☐ Twenty-four-hour availability of on-call nursing and scheduling staff.
- ☐ Ongoing in-home supervision by an R.N.
- ☐ Development of an individualized, written assignment plan of care.
- ☐ The client/family will be billed on a bi-weekly basis.
- ☐ A calendar will be mailed to you each month which will reflect the staff's availability.
- ☐ No money or gratuities are to be given to the staff directly. You will receive an invoice through the mail for services rendered.
- ☐ In the event of a call-in, Assured Home Nursing Services will do our best to replace the scheduled staff member, due to the human element of our services, this is not always possible. A family backup will be necessary in this event. However, if a staff member is available to work who has already worked forty hours in that week, you may choose to pay overtime.

Date: _____ Signature: _____

Administrator's Signature: _____