



Statement of Home Care Services Comprehensive Home Care Provider



Comprehensive Home Care Provider Name: CareFocus Health

Below is a list of all services that *may* be provided with a Comprehensive Home Care License. Each service that is offered by this provider is indicated by a check in the box next to the service.

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|---|--|
| <input type="checkbox"/> Advanced Practice Nurse Services | <input checked="" type="checkbox"/> Complex or Specialty Healthcare Services |
| <input checked="" type="checkbox"/> Registered Nurse Services | <input checked="" type="checkbox"/> Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing |
| <input checked="" type="checkbox"/> Licensed Practical Nurse Services | <input checked="" type="checkbox"/> Providing standby assistance within arm's reach for safety while performing daily activities |
| <input type="checkbox"/> Physical Therapy Services | <input checked="" type="checkbox"/> Providing verbal or visual reminders to take regularly scheduled medication (includes bringing clients previously set-up medication, medication in original containers, or liquid or food to accompany the medication) |
| <input type="checkbox"/> Occupational Therapy Services | <input checked="" type="checkbox"/> Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises |
| <input type="checkbox"/> Speech Language Pathologist Services | <input checked="" type="checkbox"/> Preparing modified diets ordered by licensed health professional |
| <input type="checkbox"/> Respiratory Therapy Services | <input checked="" type="checkbox"/> Laundry |
| <input type="checkbox"/> Social Worker Services | <input checked="" type="checkbox"/> Housekeeping/Other household chores |
| <input type="checkbox"/> Services by a Dietitian or Nutritionist | <input checked="" type="checkbox"/> Meal preparation |
| <input checked="" type="checkbox"/> Medication Management Services | <input checked="" type="checkbox"/> Shopping |
| <input checked="" type="checkbox"/> Delegated tasks to unlicensed personnel | |
| <input checked="" type="checkbox"/> Hands-on assistance with transfers and mobility | |
| <input checked="" type="checkbox"/> Providing eating assistance for clients with complicating eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube, parenteral or intravenous instruments) | |

I have received a copy of this Statement of Home Care Services:

Client Signature: _____ Date: _____