RESIDENTIAL SERVICES ORIENTATION

(Orientation must be completed prior to the employee working more than 40 hours.)

By my signature below I agree that I have received orientation training in the following areas:

SUBJECT	DATE	TRAINER INITIALS
1.) Facility Program Design including facility policies		
2.) Consumer IPPs		
3.) Consumer's Rights Regulations		
4.) Assistance With Prescribed Medications		
5.) Health And Emergency Procedures Including Fire Safety		
6.) Special Incident Identification And Reporting		
7.) Consumer Abuse Identification And Reporting		
8.) HCBS Final Rules		

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Employee's Signature

_____

Employee's Name (please print)

_____ _____

Trainer's Name (please print) Initials

_____ _____

Trainer's Name (please print) Initials

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Administrator's Signature

(This form will be maintained in the employee's personnel file.)