Statement of Home Care Services
Basic Home Care Provider

Basic Home Care Provider Name: ________________________________________

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

☐ Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing

☐ Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises

☐ Providing standby assistance within arm’s reach for safety while performing daily activities

☐ Preparing modified diets ordered by a licensed health professional

☐ 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)

☐ Laundry

☐ Housekeeping/Other household chores

☐ Meal preparation

☐ Shopping

Below is a list of services that may not be provided with a Basic Home Care License.

- Advanced Practice Nurse Services
- Registered Nurse Services
- Licensed Practical Nurse Services
- Physical Therapy Services
- Occupational Therapy Services
- Speech Language Pathologist Services
- Respiratory Therapy Services
- Social Worker Services
- Services by a Dietitian or Nutritionist
- Complex/ Specialty Healthcare
- Medication Management Services
- Delegated Tasks to unlicensed personnel
- Hands-on assistance with transfers and mobility
- 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: ___________________