Comprehensive Home Care Provider Name: ________________________________

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.

☐ Advanced Practice Nurse Services  ☐ Complex or Specialty Healthcare Services
☐ Registered Nurse Services  ☐ Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing
☐ Licensed Practical Nurse Services
☐ Physical Therapy Services  ☐ Providing standby assistance within arm’s reach for safety while performing daily activities
☐ Occupational Therapy Services
☐ Speech Language Pathologist Services  ☐ 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)
☐ Respiratory Therapy Services
☐ Social Worker Services  ☐ Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises
☐ Services by a Dietitian or Nutritionist  ☐ Preparing modified diets ordered by licensed health professional
☐ 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)
☐ Laundry
☐ Housekeeping/Other household chores
☐ Meal preparation
☐ Shopping

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

Client Signature: ____________________________________________ Date: ___________________