Statement of Home Care Services: Comprehensive Home Care Provider

Home Care Provider Name: _______________________________________________________________________

Below is a list of all services that may be provided with a comprehensive home care license. Each service offered by this provider is indicated by a check in the box next to the service.

☐ Advanced practice, registered or licensed practical nurse services
☐ Physical/occupational therapy, speech-language pathologist or respiratory therapy services
☐ Social worker, dietician or nutritionist services
☐ Medication management services
☐ Delegated tasks to unlicensed personnel
☐ Hands-on assistance with transfers and mobility
☐ Providing eating assistance for clients with complicating eating problems
☐ Complex or Specialty Healthcare Services – Describe: ____________________________
☐ Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing
☐ Standby assistance within arm’s reach for safety while performing daily activities
☐ Verbal or visual reminders to take regularly scheduled medication
☐ Verbal or visual reminders to the client to perform regularly scheduled treatments and exercises
☐ Preparing modified diets ordered by a licensed health professional

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

Client Signature: _______________________________ Date: _______________________________

Home Care and Assisted Living Program
Health Regulation Division
P.O. Box 3879
St. Paul, MN 55101-3879
health.state.mn.us/facilities/regulation/homecare/index.html

To obtain this information in a different format, call: 651-201-5273.