Statement of Home Care Services: Basic Home Care Provider

Home Care Provider Name: ______________________________________________________________

These services may be provided with a basic home care license. Each service 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
☐ 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
☐ Laundry
☐ Housekeeping/other household chores
☐ Meal preparation
☐ Shopping

The services listed below are comprehensive home care services and may not be provided with a basic home care license.

• 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
• Treatment and therapies
• Providing eating assistance for clients with complicating eating problems
• Complex or specialty healthcare services

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

Client Signature: ___________________________ Date: ___________________________