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 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
☐ Dietician or nutritionist services
☐ Medication management services
☐ Delegated tasks to unlicensed personnel
☐ Hands-on assistance with transfers and mobility
☐ 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)
☐ 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 (includes bringing clients previously set-up medication, medication in original containers, or liquid or food to accompany the 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

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

Client Signature: ______________________________________ Date: ________________

MDH SAMPLE FORM
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