



Statement of Home Care Services Comprehensive Home Care Provider



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
- 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
- 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)
- Complex or Specialty Healthcare Services
- Assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing
- Providing standby assistance within arm’s reach for safety while performing daily activities
- 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)
- Providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises
- Preparing modified diets ordered by 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: _____